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ESSAYS, CASES, AND SELECTIONS.

MENTAL HYGIENE. BY GEORGE COOK, M. D., BRIGHAM  
HALL, CANANDAIGUA, N. Y.

[*Continued.*]

SOME of the unhealthy influences which surround American children, bending and dwarfing their moral and intellectual natures, and predisposing them to disease, are perhaps inseparable from the rapid growth, the immature and unsettled social and domestic life of a young and vigorous people. Of these it is not our purpose to speak, nor do they come within the scope of this article. But those violations of the most simple laws of healthy mental and moral development, which were briefly considered in the January number of the JOURNAL, and those remaining to be noticed, which were therein enumerated, are not necessarily the result of our national youth, neither have they been attributed, so far as we know, to that mysterious influence which politicians suppose to preside over our continent exclusively, and familiar to the popular ear as "manifest destiny." At present they are only christened by that other popular word, "progress," and are hailed by the superficial theorists who believe restraint in any form, and at any age, to be simply a relic

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of ignorance and darkness, as one of the cheering indications of the approach of their fancied millennium of unbridled freedom.

Among the influences by which children should be surrounded, we give to those calculated to form and develop a strong love of home a prominent place. Enshrined in the heart of every child is this instinctive love, and upon it the heart of the strong man often leans in the hour of adversity and temptation, and finds succor and safety. It shields the young from innumerable moral contaminations, whose subtle poison penetrates the remotest laboratory of thought, embittering life's choicest blessings, perverting self-respect, impairing self-control, and strongly predisposing to mental disease. This love of home forms one of the strongest and safest elements in man's moral nature, and when present it exerts a powerful influence for good. When absent, or when replaced by indifference or contempt, the voyage of life loses one of its well-defined aims, and the healthy balance of the faculties is impaired.

The home training of American children, and our system of popular education, are not calculated to develop and strengthen this element of character. Do they not rather tend to weaken, pervert and destroy it? And just so far as this results from parental error and neglect, and a false system of education, whereby the young are cast off from home associations and freed from home influences and restraints, while at the same time they are exposed to the moral pollutions of street associates, or the equally corrupting practices and vices that find their way into many of our schools, academies, seminaries and colleges; just to that extent would we hold parents responsible for the depravity and disease to which their children so frequently fall victims. They do not "train them up in the way they should go," and have no right to consider themselves martyrs to "providential dispensations" when the fruit ripens, the seeds of which were scattered by their own hands. As well might they place their children in a frail boat and launch them upon the rapids of a mighty river, and when they sink beneath the rushing waters, turn away, consoling themselves with the reflection, "It is the Lord's doing," as to expose them to moral pollution during the years

in which they almost instinctively receive the thoughts of others, and imitate their actions whether good or evil, and then attribute the result to Providence.

It used to be considered a part of parental duty to guide and instruct the infant mind in its earliest years. Now the progressive spirit has exerted its power to banish such "old foggy" practices from genteel society, and these duties are too often turned over to nurses, or teachers of infant schools. These schools for very young children, who find no appropriate place at home, and whose parents are only too glad to rid themselves of a great trouble—to use the customary phrase—in such a convenient and popular way, are most prolific nurseries of imperfect mental and moral development, and subsequent disease. But in the present connection we simply desire to call attention to their influence upon our homes. The child thus early separated from home very quickly forms new ties and associations, often bad and demoralizing, and as he grows in years they increase in number and influence, and before he has reached his teens you may find him spending his evenings in the streets, a frequenter of saloons and bar-rooms, defying the parental control, which is only aroused when too late to save the victim of its own neglect. If by reason of some protecting influence these more palpable evils are averted, other and more remote results ensue, which, in their effect upon the health and life, are equally disastrous.

Especial care is taken by many parents to crush out this home-love from the hearts of their children. They seem to think that it is quite inconsistent with a firm and self-relying character, whereas the man who is destitute of it lacks one of the ennobling elements of a strong and true manhood. The children of such parents are banished to some fashionable or popular boarding-school at an early age, where the love of home is soon eradicated. They are subjected to a sort of hot-bed culture; they learn a little of every thing; most especially do they learn some things not found in the books. We would not be understood as reflecting upon teachers. They are governed by public sentiment, and should not be held responsible. But that most corrupting practices of secret vice, and a generally de-

praved tone of morals creep into many of our large schools, is beyond dispute. A smaller number of scholars under a more strict supervision at all hours would guard against this evil.

And by thus early severing the natural ties and removing the safeguards of home, the young are more exposed to the bad influences that everywhere abound in large communities; and when we remember how delicate and complex is the combination of faculties which we call mind, and its receptive nature in early life, it is not surprising that the germs of future disorders so frequently find an entrance.

To show the relations existing between the violations of this law and the subsequent demoralization and disease, we will give a few instances in illustration. It should be remembered that among the moral causes of insanity, which not unfrequently have their origin in early life, are shame, remorse, and other kindred depressing passions; and among the physical causes are unbalanced nervous development, vicious habits and indulgences, and some forms of physical disease, the result of licentious habits. The following case will serve to show the early origin of some of the phases of mental disorder.

In the wards of one of the asylums of our State, a few years since, might have been seen a man, beyond the meridian of life, of good physical strength and development. His features bore the impress of great mental suffering, for he was the victim of one of the most distressing forms of mental disease, and quite beyond all hope of recovery. He was married, had been actively and successfully engaged in business, and suddenly, without any other apparent cause than a trivial political excitement, had become violently insane. Such was the brief statement made by his friends. Political excitement and disappointment they thought caused his sudden derangement. His own revelations, made subsequently, and at a time when his mind for a little while partially regained its power, solved the apparent mystery. When quite young he was sent from home to a distant academy, where he was thrown among associates by whom he was taught habits of secret vice, which, in his youthful



ignorance and inexperience, he knew not to be wrong or injurious. This knowledge came too late to avert the threatened danger. After years of self-abuse he became conscious that his nervous vigor was giving way. His brain lost its power of clear and vigorous action, and his moral nature became sensitive, irritable and suspicious. Thus years passed on, bringing with them loss of self-respect, shame and remorse because of past error and present inability to obey the commands of his better judgment. These ever present companions, added to the other depressing and exhausting agencies, at length finished their destructive work, and reason was overthrown, never to be restored. The utter misery and hopelessness of his expression as he related to us these facts in his history, and implored that he might be permitted to die, can never pass from memory. From many lips and from many faces have we received the same sad story. Who shall say that, with parental care and watchfulness, with the home-love cherished during the perilous years of youth, when if ever the child should confidently trust in the parents, submitting every act to the parental judgment; who shall say that under such circumstances, shielded from early temptation, this man would not have been saved from the blight of insanity?

The cases of which the above is a type, are not of rare occurrence. We have met with them frequently, and are sorry to say that they are not confined to one sex, and that with few exceptions they come from the intelligent and educated classes of society.

Within the last ten years, there has been, we think, a marked increase in the number of cases of insanity occurring between the ages of eighteen and thirty years. Very frequently the causes are involved in some obscurity; the friends being either unable or unwilling to give the desired information. In some of these cases we have no doubt that a careful investigation would reveal remote causes connected with the early years of life. Doubtless some of them would in their essential features resemble the following case.

A young man, twenty-eight years of age, has had two attacks of mental derangement; the first occurring at the age of twenty-six years. The immediate exciting cause of both attacks was supposed

to have been intemperance. From early boyhood he had known very little of the restraining influence of home-affections; he was very early allowed the full degree of freedom of action and irresponsibility which is accorded to so many of the rising generation, the direct consequence being the formation of habits and associations destructive of health and reason. He is now an inmate of an asylum, a mere wreck of mental and moral manhood. To trace his life from the first link in the chain of disturbing causes down to the confirmed habits of intemperance and licentiousness which completed the overthrow of reason is no difficult task. Bearing in mind that in these early predisposing causes of insanity the first, like an entering wedge, opens the way for those that follow, and that it is difficult to arrest their progress, it is certainly of great importance that the danger should be fully appreciated, in order that the young may, as far as possible, be guarded from exposure to it.

We will give only one more brief sketch, illustrating another manner in which the morals are affected by the popular system of early boarding-school life. The public sentiment, which in various ways perverts and destroys the unity of homes, we repeat, is the primary cause of the evil. The present system of large boarding and day schools is simply in accordance with the universal laws of demand and supply. The schools exist and are popular because they supply a popular want. But it unfortunately happens in this, as in many other cases, that the popular mind demands the most unhealthy food. The correction of this false sentiment, and the introduction of one by which the training and education of the young shall be conducted with due regard to physiological and hygienic laws, will do more, we firmly believe, to lessen the burdens of society, and diminish human disease and suffering, than all the labors of all the reformers in the world. The following case is selected from a large number which have come within the range of our observation.

Some years ago a young lad of ten years was placed in one of our large academies. He was the son of wealthy parents, who had never given much of their time to his culture and training. Consequently he fell an easy prey to the temptations which met him in

his new sphere of life. Most readily did he learn all the evil within his reach. He quickly became an expert in cards, deception, dishonesty and falsehood—a successful trick being, in his estimation, more meritorious than a good lesson. Next followed intemperate and licentious conduct, and at the age of twenty-one, with a fair education, as the term is generally understood, he was totally unfit for any useful calling in life,—not even able to care for himself. His whole moral nature was corrupted, his intellect enfeebled, and no efforts on the part of friends to arrest his downward course were effectual. Worse than insanity is such a mental and moral development, and weighty is the responsibility resting somewhere for such a perversion of human life.

To show the extent to which the household ties are loosened among our people, it is only necessary to mark the large and increasing number who think "housekeeping"—note the idea of home implied by this word—a burden, and boarding a sort of nothing-to-do paradise; to observe how frequently and for what trivial reasons the old home associations of place, neighbors and kindred are rooted up and the family tree transplanted to some new and uncongenial soil; to travel upon our steamboats and railroads, and notice how perfectly at home is the vast crowd of American travelers in the midst of the bustle and excitement of the moving life around them. Converse with any ten of your young acquaintances, and it will be an exception to our experience if eight of the ten are not either ashamed to confess to a strong and controlling love of home, or ready to boast of their immunity from any such weak and unmanly affection; for so have they been taught to regard it. But we shall not attempt even an enumeration of the facts in our social life indicating the prevalence of this homeless influence. They are patent to the most superficial observer.

Is it surprising that many of the children reared under such influences should early find their way into the channels of depravity and disease? And when in after years some of them are found in the wards of our hospitals and asylums, there is very little room for doubt in regard to the causes that brought them there. Excepting

the hereditary transmission of a predisposition to the disease, we believe that this perversion of the instinctive love of home, in its direct and indirect influences upon the character, associations and life, is one of the most frequent predisposing causes of insanity. We are aware that some careful observers give to other and later influences the more prominent place in the extent and general prevalence of their deleterious effects upon the mental and moral development. It seems to us, however, that in a series of violations of hygienic laws, the first should not only rank the highest in the scale of influence, but should be held, to a certain degree, responsible for the results that may ensue. The opinion expressed above is the result of some observation, and we simply ask for it the careful examination of the reader. Believing that the evil alluded to is of great magnitude, we sincerely desire to see it give place to a more healthful public sentiment, which by its powerful influence shall restore the true home-love to the hearts of our people, and thereby purify and elevate the very sources of life and health.

In regard to the next hygienic rule to be considered, it can only be necessary to direct the attention to the innumerable vicissitudes of American life; the sudden acquisition and loss of fortune; the brilliant successes and overwhelming reverses to which we are peculiarly exposed, to realize the great importance, and health-preserving influences of fortitude, self-denial and self-control. And it would naturally be supposed that in training and educating the young, particular attention would be given to the development of these conservative powers. Do we err in saying that the system generally pursued tends to weaken them? It seems to us that the balance of popular favor is decidedly on the side of those progressionists who believe that the stern discipline so often necessary to develop these traits of character is unnecessary and cruel. Reckless ambition is stimulated, emulation is encouraged to excess, envy is furnished with abundant nutrition, and anger is only regarded as a becoming exhibition of spirit. The home and school life is often governed by the one idea of progress and speed. In short the whole moral and intellectual machinery is geared to the utmost velocity within the pos-

sible compass of strong powers of endurance, and a clear and unobstructed pathway in life. Consequently the weaker break down, and the strong sometimes dash against unseen obstacles with a shock that scatters the mind in disjointed fragments.

The engineer who should run a railway train sixty miles per hour, with no provision for checking the speed in case of accident, or on approaching some dangerous precipice, would be thought little better than a madman. How much more thoughtful and considerate is this high-pressure system of training and educating the young? And how many of them are strewn by the wayside of our railroad sort of life; worn out prematurely, broken and disabled in mind and body?

Disappointments, business reverses, the various trials and excitements so often experienced, are frequently the assigned causes of mental derangement. They are the most prominent and observable; but the absence of those qualities which give fortitude and endurance will, we think, be found to explain why these causes, so often encountered safely, do yet sometimes unsettle the reason. We therefore submit that it is quite as important in any plan of training and educating youth to secure these qualities, as it is to fill the mind with a given quantity of knowledge. Indeed, the first principle underlying all others is to secure health and safety, and to promote the well-being of all individual and social interests. It is because our present practices fail in so many instances to secure these results that we are led to conclude that they violate hygienic laws, and defeat their own purposes.

The too early cultivation of the mind, by disproportionately developing the brain and exciting the nervous system, is always injurious, and quite often lays the foundation for premature weakness and decay; it should therefore be carefully avoided. A foreigner, visiting American schools, often remarks upon the large number of pale, thoughtful faces that look up to him from the benches. They bear the impress of the precocious thoughts, passions and acquirements which are considered by their parents, and too often by their teachers as giving promise of a brilliant future. Alas, upon how frail a founda-



tion do they build their hopes! The unfortunate infant prodigy is almost certain, either to fill an early grave, or sink into the obscurity of mental imbecility. At the present time some of these precocious infants are made to furnish amusement and entertainment to the discriminating public, who cheer and applaud the unnatural exhibition.

That much abused term "genius" is frequently misapplied to these poor victims of popular error. For this kind of precocity, if not the result of nervous disease, indicates a condition of brain which by reason of over-excitement must soon exhaust its vital power, or yield to some one of the many forms of morbid action. There are many children who suffer in various degrees in consequence of the popular belief that early mental development is an indication of superior capacity. They are sprightly, fond of their books, learn with great facility, and for these reasons alone are pressed forward and stimulated to unusual exertion. The usual consequences are, that at the age of fifteen they are behind those who began study much later, and who were regarded as dull scholars; with inferior capacity for study and endurance, and often with broken health, and a nervous development that entails upon them years of suffering. We might point to many blighted and diseased intellects, which flashed and sparkled for a few years under this stimulating system only to fall into the oblivion of insanity. Clearly the laws of health require that in children so organized the physical growth and strength should be promoted, while the brain and nervous system is kept subordinate. Let them be encouraged in the games and sports of youth. Much better for their future welfare would it be if they were found, like Sir Isaac Newton, excelling at foot-ball, rather than in the declension of Latin nouns and verbs; or like Scott, roaming about the fields and spearing salmon, while his fellows were bending over their grammars; or like Schiller, climbing trees during a thunder storm to find where the lightning came from.

We have already had occasion to allude to some of the unhealthy influences to which the young are exposed during their years of school-life, especially when sent prematurely, or placed in large schools far from home. It remains for us to notice more particularly some of

the features of the present system of popular education, and we would again disclaim any intention of reflecting upon those who devote themselves to the arduous duties of teaching. But we could wish that they would not so easily yield to a popular sentiment, which regards education as meaning only the acquisition of a certain amount of knowledge in the shortest possible space of time, and demands that by far the greatest proportion of mental labor involved in this acquisition shall be performed during the first twelve or fifteen years of life. We know some teachers who protest against this sentiment, and who fully realize the danger to which the young are exposed by such a violation of one of the important laws of human physiology, and by the corrupting associations fostered by indiscriminately congregating large numbers; and we would be glad to see them increased a thousand fold.

It is, we believe, very generally conceded by those who have given their careful attention and observation to this subject, that American children are sent to school at too early an age, and are required to perform an amount of mental labor incompatible with the healthy growth of the physical organization, and involving both immediate and remote danger to health and life. Inheriting, as many children do, a highly nervous organization, they are sent to school at the age of four or five years, where the tender brain is at once set to work over some modern "child's book." The little feet and hands are idle, the muscles aching for relief in motion must be kept quiet, the lungs are compelled to inhale the air made impure by close and crowded rooms, while the brain alone is furnished with occupation. Those children who learn easily are stimulated to "do their best," while those who acquire with difficulty are urged onward by daily admonitions. Thus is the brain and nervous system prematurely developed and the proper balance of the vital organs destroyed. As the education advances the daily task is increased, the brain-work is carefully given out while the physical organs are expected to take care of themselves. Perhaps a daily walk is thought to be desirable, or a little time may be given for relaxation in games. But the general rule is to task the brain to its utmost limit, and to impress upon

the youthful mind the importance of making rapid progress. If a moment's thought is given to the healthy development of the material organ upon which this excessive labor is imposed ; if any care is taken to regulate the quantity of mental food by the known laws of physiology, it certainly does not appear in the daily routine of school-life, or in any way influence the course of study generally adopted.

If the freshness, animation and vigor of youth give place to the angular outlines of a more advanced age, to languor and nervous irritability—changes by no means so rare as to excite attention by their novelty—these very indications of the irreparable injury inflicted upon the vital powers are tortured into a source of pride and congratulation. These marks of impaired constitution are esteemed as indicating a good student, and no word of appropriate warning ever falls upon his ear. Quite frequently it occurs that scholars have to be removed from school for a time to recruit their exhausted strength ; but very few seem to think that the fault may pertain to the educational system ; it is generally sought for in the constitutional peculiarities of the children. Occasionally a direct transfer is made from the school-room to the wards of an asylum for the insane. But insanity is a very common disease ; the young and the old are alike exposed to it, and the wonder-loving public briefly comment on the sad fate of one so young, never dreaming that they have any special interest in, or are in the least degree responsible for it.

But the more remote effects of this system of forced education, combined with the associations usually pertaining to it, are by far the most pernicious, and to the popular mind they have no seeming connection with the habits, traits of character and mental development founded upon the early training and education. A young man graduates from one of our schools with the usual honors. He has successfully pursued the prescribed course of study, and at the age of eighteen or twenty his education is said to be finished, and he goes forth to encounter the labors, cares, temptations, anxieties and disappointments of life, as well as to share its enjoyments, pleasures and successes. He engages in some engrossing pursuit, devotes him-

self to it unremittingly, over-works his brain, or meets with some exhausting disappointment, and his reason is dethroned. "Poor fellow, he was imprudent to attempt so much;" is the mildest verdict rendered by public opinion. But who taught him to be imprudent and reckless of consequences, when the mind only was the agent employed? What teacher ever theoretically or practically instructed him that there is a limit to intellectual effort beyond which the strongest can not venture without incurring a fearful danger?

Or take the numerous class of young women who complete their education with nervous systems stimulated to excess, with undeveloped physical strength and vigor; the almost necessary results of the course of study and life so generally pursued in American schools. Those of them who are fortunate enough to have good mothers, and to escape very early marriage, often recover from their educational advantages, and develop into strong, healthy womanhood. Many others, less fortunate, may be found in every community, the victims of "ill health" in some of the protean forms now so common in American women. And among the causes of insanity in females "ill health" holds a prominent place. The apparent causes in many cases, and those assigned by popular opinion, are over-exertion, family cares, troubles, perplexities and anxieties, together with other similar agencies. Giving to these their proper places in the history of causation, it should not be forgotten how totally unfitted to encounter these stern realities of life are the frail beings who venture out with so much confidence. And if unfitted how came them so, and who is responsible for it? Are the parents, who in the aggregate shape the popular system of training and educating the young, free from all responsibility?

These are pertinent questions, and should receive the attention of those who are called to guide and instruct American youth. There remain to be noticed various departures from the paths of safety and health having their origin in these early deflections of the youthful mind, and should other engagements permit the subject will be resumed.

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CONSIDERATIONS ON THE RECIPROCAL INFLUENCE  
OF THE PHYSICAL ORGANIZATION AND MENTAL  
MANIFESTATIONS. BY A. O. KELLOGG, M. D., PORT  
HOPE, C. W.

"The future elevation of medical science, in all its branches, will be most intimately connected with the advancement of Psychology."—*Damerou*.

THOSE who have watched carefully the progress of medical science during the last quarter of a century, can not have failed to perceive to what extent the psychological element has entered into, and contributed to this advancement.

This fact finds illustration not only in the science, legitimately so-called, but in those modern systems of practice, which, whether reasonable or unreasonable, philosophical or unphilosophical, true or false, have each found able and conscientious supporters, and equally able and honest opponents—faithful believers, "even unto death," and unfaithful disbelievers; men having nothing whatever in common with each other except the one sole principle, that in all things they are bound to disagree, and that the same class of facts, observed by opposing sects, shall serve to confirm diametrically opposite theories, and lead to sadly conflicting results. One sect goes forth to combat disease armed with the most potent weapons,—the lancet and barber's basin, the blistering plaster and bolus-box—and inscribing upon their banners, as a watchword, "*Contraria contrariis curentur*." Another, trusting in minute saccharine globules, equally remarkable for their impotence, unfurl their banners inscribed, "*Similia similibus curentur*," and rush to the contest, shouting, "Great is Hahnemann of the homeopaths!" While some faithful disciple of a third class, like Diogenes in his tub, looks out from his comfortable *sitz-bad*, or from under the droppings of his shower-bath, and shouting, "Great is Priessnitz of the hydropaths!" seeks to throw cold water upon all sects, systems and patients, applying it to his own indiscriminately. A fourth class, respectable in philo-



sophical attainments at least, if not in numbers, in their dealings with human infirmities are beginning to recognize in all cases, and among all sects, the operation of a psychological element as influencing the result, as well as one purely physical or physiological, and contend most logically that neither of these elements can be entirely ignored while man is recognized as a composite being.

It must be admitted that there is in all systems much good, as well as some evil; in this system perhaps more evil of a positive, in the other of a negative character. Were this not the case, medical science would not be like most other things belonging to the earth; and, judging from the signs of the times, the medical, like the Christian millennium, though approaching is yet some centuries in the future.

In former papers we have endeavored to throw some light upon the reciprocal influence of these two elements, the physical and the psychological in human nature, in their intimate relation to the treatment of disease, both physical and mental, (though by these terms we would not be understood as speaking of two distinct and always separable entities; we regard the connection as too intimate, ever to admit of complete separation,) and to show that this influence is in operation in conditions and under circumstances which have not hitherto been sufficiently recognized and acknowledged; and in further proof of this we shall here attempt to examine how far the psychological element has contributed, and still continues almost imperceptibly to contribute to the success of so many conflicting theories and systems of medicine; and not to those which we have dignified with the names of theory or system only, but to the many forms and phases of charlatanism, which, like parasites, have attached themselves to what is now a great, noble, and must become ultimately, a perfect science.

In the first place let us consider that most specious, popular, fashionable, and, for quite obvious reasons to the attentive observer, successful medical innovation known as homeopathy, from a psychological point of view.

This most fanciful system maintains, as is well known, that all

diseases are cured by the administration of medicines which are capable of inducing in the healthy system disordered actions analogous to those brought about by the disease. With the theory, *per se*, we shall not quarrel. It may, or may not be quite as true as other theories of obscure and imperfectly understood actions, for aught we know: we therefore leave this an open question. The *means*, however, by which the theorists suppose they bring about the action in question, we can not, even with the utmost stretch of credulity, recognize. Indeed, when they tell us of the potency of the decillionth part of a grain of a substance like charcoal, nearly if not quite inert, we are inclined to smile at the wonderful credulity of the human mind, and are only prevented from laughing outright by the thought that this credulity is in itself a powerful curative agent of a character strictly psychological.

Looking merely at the physical agencies which this sect profess to employ, we are forced to exclaim, *Ex nihilo nihil fit!* But when they point us to their results, and defy us to ignore them—to hundreds of most intelligent men and women, exclaiming, "I was sick, and am well; great is homeopathy!" "I was dying, and am again made alive and whole; great is Hahnemann of the homeopaths!" we are forced, in the absence of all other means, to recognize the psychological element, which has unconsciously, so far as the practitioner and patient are concerned, contributed to, if not been the sole means of the results made manifest—results which it is not the mission of true science to ignore or despise, but to recognize, as far as they go, and to show by what physical means these good results could have been made better, had not the sect unconsciously perhaps ignored them; in the same way as the psychological element has been too much disregarded by those who have placed too much reliance on pure physical means, and these frequently of *too much* potency, becoming not unfrequently, it is to be feared, "like a sword in the hands of a fool."

As a psychological experiment testing the power of mind, unaided by any other rational means (aside from the recuperative energies of nature) in removing physical infirmities, homeopathy can not but

be regarded as most eminently successful. Success, however, is never an exact test of the entire truthfulness of any thing. By following an ingeniously devised and cunningly wrought illusion, such as frequently springs up in the dark and devious paths of an abstruse science, this sect has unconsciously stumbled upon the fragment of a great truth, which the credulity of human nature has enabled them to illustrate most amply. Having accomplished this they seem to have fulfilled their mission; for, amply satisfied with the thought of having developed the whole truth, and originated a perfect system, they become henceforth useless in the domain of science, and must give place to those who are prepared to take other steps in advance.

Homeopathy with its infinitesimals, hydropathy with its sitz-baths, its douches, its wet sheets and frictions, having failed to confer complete earthly immortality upon mankind, the vapor of water, medicated or non-medicated, also having failed in this, we may reasonably anticipate shortly the introduction of a new system; and we would suggest to those who are ambitious of an immortality like that of Hahnemann or Priessnitz, that *pneumopathy* be the designation of the coming innovation, before which undoubtedly for a time, all other systems and theories, together with all accumulated facts and deductions—all in short which has been based upon the experience of past centuries, will vanish into *air*, into "thin air," and "like the baseless fabric of a dream, leave not a wreck behind."

The statistical results of a new system of therapeutics based entirely upon *air*, and its numerous modifications and compounds, may not, after all, be so contemptible. Let us therefore look forward with confident hope and happy expectation to the coming innovation, whatever it may be, and with a lively faith that it will be in the exact order of Providence, and that it will fulfill its destiny, in strict accordance with, and conformity to, the spirit of the times in which it will appear, like those gone before.

But before the advent of what we have anticipated, let us cast a passing glance at another system which we already have, from a psychological point of view, lest we be charged with unthankfulness for allowing the old to pass away, or in the rapid transmutation of

all earthly things, be crowded from the scene, without our having recognized the good and useful, however small the amount, which will be left behind. In hydropathy, the system of Priessnitz, the great "water witch" and medical necromancer of Silesia, the physical means employed, though not as in the former a complete nullity, are yet, (when not abused, as they frequently are most undoubtedly, by this sect,) not sufficiently far removed from it to interfere with or greatly confuse the obvious operation of the psychological element which has contributed largely towards bringing about its success, and to whatever amount of good it has wrought. The operation of causes of a purely psychological character, is equally if not more obvious in this system than in homeopathy, to which we have already referred.

What the well-conducted, modern lunatic asylum is to the insane psychologically, the modern watering-place, or the yet more modern "water cure" might and should be to the hypochondriac, the dyspeptic, and the hysterical,—all those afflicted with some one of the many phases of nervous or chronic disease, and if the medical officers were always men of science, and never the *financiers* as well as the physicians of their establishments, but paid officials, men placed by official position and emolument above the necessity of becoming money-changers in the temple of science; if, in short, these establishments were less tinctured with professional charlatanism, and like the former, ready to adopt everything which the experience of past times, and the results of modern science have shown to be useful, we see no reason why they should not be productive of an equal amount of good to the class of patients with which they mostly have to deal.

But to hydropathy, as now understood and practiced, we may apply the language of an admirable and unanswerable critique on Homeopathy in the "Atlantic Monthly" for December, 1857, words which, from their careless ease, truthfulness and elegance, it seems to us could only have fallen from the inimitable "Autocrat" and "Professor" in one of his happiest breakfast-table moods.

"It pleases," says the critic, "the imagination, it is image-wor-

ship, relic-wearing, holy-water sprinkling, transferred from the spiritual world to that of the body. Poets accept it, sensitive and spiritual women become Sisters of Charity in its service ; yet we must own that it may have been indirectly useful, as the older farce of the weapon ointment was, in teaching medical practitioners to place more reliance on nature. Most scientific men see through its deceptions at a glance. It may be practiced by shrewd men and by honest ones ; rarely, it must be feared, by those who are both shrewd and honest."

But it is unnecessary, and would occupy too much time and space, to trace the operation and influence of the psychological element through all grades of charlatanism, from the refinements of homeopathy, "that most epigrammatical of paradoxes, that crowning exploit of pseudo-scientific audacity," to use the words of the critic already quoted, down to the mountebanks of the St. John Long and Cagliostro school, the Pain Killers, the Ready Relievers, the pill, sarsaparilla, and plaster makers ; for the success of all these worthies depends, as we have ample proof and illustration, upon the most powerful psychological element in human nature, credulity.

We all know that agues have been cured by the most opposite and heterogeneous means. Even the most ridiculous and disgusting have often proved the most successful, probably from giving greater play to the operations of the psychological element. Let us therefore take this as a type of the whole class of operations.

We should not be discharging our obligations to medical psychology, and to science, but taking a one-sided view of the question, if we neglected to consider carefully in this connection the manifold relations of the former to the ordinary practice of medicine ; to allopathy, as it has been somewhat unhappily termed, in mere contradistinction to homeopathy. In allopathy the psychological element has had to contend not with a mere nullity, but with physical agents, powerful for good or evil ; agents, we must confess with sorrow, often grossly misapplied, through ignorance and error of judgment on the part of miserable pretenders to medical skill, with which this noble



science, now painfully emerging from the bogs and quagmires of superstition and ignorance, false doctrine and authority, is infested.

It is painful to make this humiliating acknowledgment, but truth calls aloud for it, and the interests of humanity seem to demand it at our hand. Let us therefore deal with all these morbid excrescences which have engrafted themselves upon the body of our noble art, like a faithful and conscientious surgeon, determined to know the worst, and, if necessary, to apply the knife.

When we look back over the records of medical experience, and consider what the human organization has been subjected to through the prevailing theories and ideas of men respecting the nature of disease and the operation of remedies, we cannot fail to see that the struggle has been in too many instances, between nature and her most salutary operations on the one hand, and the allied powers of disease, the physician, and the operation of his remedial means on the other. And it is somewhat surprising, how, in the unequal contest and against such fearful odds, the victory has been so frequently gained by the former, while the latter have uniformly, and most unjustly usurped the laurels. Whole volumes might be filled with illustrations of this melancholy truth, but such will readily suggest themselves to every candid and enlightened mind in the profession.

But the dawn of a brighter and happier day is already perceived. The principles of a sound philosophy are being applied to medical science in all its branches, and the operations of nature in disease, and the systematic phenomena observable, are, on the whole recognized, and calculated to lead to a favorable result, if closely watched and duly modified by the operation of remedial means, both physical and psychological, now much better understood than in former times.

We venture to assert, without the least desire to disparage physical means, which, notwithstanding their manifold abuses, we still hold in veneration, and shall continue to while man has a physical organization to which they are applicable, that the bringing about of this happy result, is, in no small degree, dependent upon a better understanding, not only of the operations of nature in disease, but of

that psychological element the influence of which we have been striving to illustrate, in so far as it has contributed to the success of systems where the physical means have been either a complete nullity or bordering upon it, and we shall now attempt to illustrate its influence in a system where the physical means have ever been the very antipodes of this.

No physician of discernment and experience can have failed to observe, with how much more ease and satisfaction to himself, he is enabled to conduct a case of disease to a satisfactory termination, when he possesses the free and complete confidence of his patient. In fact, so important is this to secure it should be the first object of the intelligent physician, an object, we had almost said, paramount in importance to all others.

With it almost all his remedies, unless applied most injudiciously, and with great want of skill are sure to agree. Without it whatever they may be, even the most inert substances, are sure to disagree. Every physician must have observed this, particularly, if from untoward circumstances on his part, and ill luck on the part of his patient, he is under the necessity of treating one who has no confidence in his system of practice. Who would not sooner be compelled to treat a case, having this implicit confidence of the patient, though deprived of every thing else (except perhaps homeopathic remedies, and cold water) than be without confidence, and backed by the most potent articles of the materia medica? In attaching so much importance to this matter, let us not by any means be understood as undervaluing any physical means, which experience has demonstrated to be useful when properly applied. We would contend strongly for the combined operation of both physical and psychological means, for in the proper and judicious combination of the two consists the strength of the truly great and eminent practitioner, as the biography of all such men amply illustrates. The very name and personal presence alone of such men as Paré, Baron Larrey, Abernethy, Astley Cooper, and Sir Benj. Brodie, have been sufficient to impart a curative impulse to many a poor sufferer from the more severe bodily diseases and wounds.

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of Mrs. Sigourney, in her lines on the death of Dr. Brighain, says with great truth as well as beauty :

"The sufferer marked his *hope-inspiring brow*,  
His warm solicitude, his truthful soul,  
And took new courage. Well he knew to blend  
The friend with the physician; and to win  
The confidence of those he toiled to save;  
Poising the weapons that his science gave  
With wariest skill, as one who feared their power  
And fain would aid weak nature to avoid  
Nor tempt their discipline."

The above lines point out briefly all that belongs to legitimate success in the noble art of medicine, and it is evident to all who knew this eminent man, that the amiable and truthful poetess drew the sketch from a close observation of his manner of dealing with his patients.

In the first place the confidence of the patient is to be secured by kindness, truthfulness, and a genuine humanity, prompting that "warm solicitude" for his welfare here pointed out, and not by knowing looks, and pompous words of doubtful meaning, which may catch the ears of fools, but to sensible men and women are evidence of the emptiness of his head and heart.

This confidence once legitimately secured, and the battle is half won, for the force of the psychological element we have insisted upon, is brought into active coöperation with other means. The battle as we have said is *half* won, but only half won, for this confidence once secured, is not to be abused by infinitesimal jugglery, *un-holy-water-sprinkling*, or any description of pseudo-scientific humbug and quackery, in the use of physical means, but by carefully estimating and applying such as an enlightened experience, and true scientific research have given, by those who know well their power for good or evil, and are capable of applying them in a manner becoming reasonable beings.

The genuine physician should be a man endowed by nature with peculiar gifts of disposition and mind; one who has some understanding, not only of himself but of that world of mind and matter, with



which he is in contact, and of which he forms a part; a man who should combine large scientific attainments, with broad and liberal views; one unswayed by prejudice, and untrammelled by authority; fit to estimate all systems, by whatever name they may be called, by their true value, and by the amount of good they contain, and capable of applying the principles of a sound philosophy and vigorous logic to all; separating the good and true from that which is modern, and combining it with the good and true of that which is ancient and time-honored, retaining nothing which is bad, and rejecting nothing which is good, from whatever source it may emanate.

The sacred maxim, "Prove all things — hold fast to that which is good" is equally applicable to the physician and the theologian, and, though a hard doctrine, it is one which lays at the foundation — is a "chief corner-stone" — of the temple of truth: yet, as we have said, so hard to follow, it is greatly to be feared that from indolence, carelessness, or mental obtuseness, men in all callings are more apt to prove nothing, but hold fast to that which is bad, having it on the "authority of the fathers." But those who have observed carefully the signs of the times cannot fail to have been impressed with the strong tendency of the human mind in this age to question closely all authority which has the least semblance of being doubtful.

Truths, to be accepted as such, must be absolute and unmixed, without even the shadow of doubt.

The times when, without questioning, one man was ready to believe implicitly another man's imagination, in order to save either body or soul from destruction, are rapidly passing away, and what is imaginary and what is real, what is genuine and what is false, are questions which every man who thinks at all is beginning to ask of himself and not of his neighbors, and to seek a solution within the deepest recesses of his own spiritual and material nature. Men are now beginning to see that it is far worse to believe a lie than to be denounced as heretics or infidels in theology, or quacks and charlatans in medicine, for refusing to give their assent to a dogma.

Fearful men, and men of narrow views look on from a distance,

trembling and quaking when some intellectual giant lays his strong grasp upon the pillars which support some towering structure of error, and causes it to tremble to its foundations, lest the beautiful temple of truth should also fall, and be crushed and buried among the ruins: but such fears are groundless, for

"Truth crushed to earth will rise again;  
The eternal years of God are hers."

The light of truth cannot be permanently concealed. It may perhaps be eclipsed for a time, but it will shine forth anew with increased brightness. That which is true cannot be overturned, for its foundations are laid deep upon the "Rock of Ages." Let therefore system succeed system, and innovation follow innovation in rapid succession, that and that only which is true will remain behind to confer upon mankind its benefits and its blessings; and that in all systems which have been, or may yet spring up, which is untrue and hurtful, will be swept away in the onward march of things, and come to be remembered only by the evil it has wrought.

One thing, however, is evident to all who have looked carefully into the present tendency of every thing relating to our art. It is this: whenever in coming time medicine shall assume, or even approximate anything like a perfect scientific system, that system, by whatever name it may be called, will be one based upon a more thorough comprehension of the entire corporo-spiritual nature of man, than any that has preceded it, for we are fully persuaded of the profound meaning, and far seeing and truthful insight of the words of Damerow placed at the head of this paper, that — "The future elevation of medical science in all its branches, will be most intimately connected with the advancement of psychological knowledge.

ON GENERAL PARALYSIS. By M. PINEL.

*Read before the Medico-Psychological Society of Paris, June 28th, 1858 : and translated for the AMERICAN JOURNAL OF INSANITY, from Annales Médico-Psychologiques, Oct. 1858.*

I LISTENED with deep interest and earnest attention to the remarks which were made at our two last meetings, by our learned friends, MM. Parchappe, Delasiauve and Baillarger. It is not my intention at present to discuss opinions so different and even so opposite as those which have been expressed on the subject of general paralysis. I merely wish to state some general propositions, to follow them with a few remarks, and to mention a number of facts in support of the views which appear to me to be correct ; to touch lightly on the subject of diagnosis, and to read you some comments which I made, a few months since, on a communication read by M. Baillarger before the Society of Medicine, of Paris. I will conclude by describing a case of recovery, which will serve to confirm the views advanced by our distinguished brethren, Drs. Baillarger and Delasiauve, in relation to the curability of the disease under discussion.

1. General paralysis is a distinct and special disease, characterized by lesion of the voluntary motions, which lesion has a tendency to progress and become general.

2. It exists either singly, or in a state of complication. In the first case it is distinct and isolated from every other disease ; no disorder of the intelligence is observable. In the second case it is frequently associated with insanity, and then the different symptoms proper to the two morbid conditions are present.

3. The disease known by the name of general paralysis of the insane, or paralytic insanity, is only a combination of general paralysis with mental derangement.

4. Uncomplicated general paralysis may continue sometimes, though rarely, during life without the supervention of insanity.

5. It is sometimes accompanied by deficient memory, which can not, however, be confounded with dementia.

6. In most cases madness supervenes, sooner or later, on the lesion of motion.

7. At other times the physical and mental disorders appear to originate at the same time, but in general the lesion of motion precedes that of the intelligence.

8. In another class of cases, which are less frequent, the paralysis is secondary.

9. Uncomplicated general paralysis is never seen in asylums for the insane, because its subjects, not being deprived of their reason, are treated elsewhere.

10. It is in general practice, in private asylums, or in ordinary hospitals that it is most frequently met with.

11. It may precede, accompany, or follow different mental disorders,—mania, monomania, melancholia, but especially dementia. At times the last makes its appearance simultaneously with the first signs of muscular debility.

12. Ambitious monomania, which was at first considered to be a constant sign of general paralysis, is often wanting.

13. Genital weakness is not so common as has been stated. When it is present at the commencement, it is sometimes replaced even at an advanced period, by excitement of the sexual organs. At other times the virile powers are completely and irrecoverably lost.

14. In the last stages the general sensibility is in most cases very obtuse; sometimes it is preserved to the end.

15. The course of general paralysis is ordinarily chronic, but in some cases it is acute.

16. Remissions, which lead to the hope of recovery, are often remarked in the course of paralysis complicated with mental alienation.

17. The most frequent causes,—in spite of assertions to the contrary—are alcoholic, and especially venereal excesses.

18. Women are less subject to this malady than men, because they can more readily remove themselves from the influence of this two-fold cause.

19. The inhabitants of northern countries are more exposed to general paralysis than those of the south, who make a more moderate use of alcoholic drinks. If these last give themselves with more license to the pleasures of love, they are compensated by being better able to bear its fatigues.

20. Cerebral congestion frequently precedes the first appearance of general paralysis. In the greater number of cases it is renewed during the progress of the disease, which it tends to aggravate.

21. The prognosis is in general very unfavorable, and the termination fatal; nevertheless, there are well attested cases of recovery.

22. Moderate local bleedings in the commencement *only*: and when there are signs of vascular congestion, issues at the base of the cranium, repeated blistering to the scalp, shower-baths, and revulsives to the bowels and extremities, are the principal means to be employed in the treatment.

What are the nature and seat of general paralysis? What are its anatomical characters? Are the *post-mortem* appearances constant, or are they sometimes wanting? When they are observed, are they uniformly the same, or do they sometimes differ? May they not be the effect rather than the cause of the disease?

In the actual state of our knowledge it is difficult to answer these questions; the opinions of writers being widely different. The greater number believe in the existence of a peripheral inflammation of the cortical substance of the brain, with tendency to softening.

Some practitioners, when no appreciable cadaveric lesion is found, are disposed to believe that general paralysis may be of a purely nervous character. In these cases may it not be with general paralysis as with those nervous disorders whose nature is unknown, and whose true seat is yet to be discovered? What do we know, in this respect, of epilepsy, of tetanus, of chorea, of hydrophobia, of insanity, of hypochondriasis? There is much yet to be learned in relation to general paralysis, and it would perhaps be wise to wait before deciding positively upon its nature.

I certainly believe in some alteration of the nervous centres, because I do not admit an effect without a cause; but what is this



cause, that is to say, this morbid condition? This is a point upon which I think we are still ignorant—at least in a certain number of cases. Will the microscope remove these doubts? I sincerely desire it, and the recourse to this instrument shows that the ordinary means of investigation have left much to be desired.

M. Linas, whose thesis I have read with great pleasure, earnestly maintains that general paralysis is necessarily accompanied with some derangement of the intellectual faculties, either excitement, perversion, or depression. He grants that the first may be wanting, but declares that the last is never absent. It is true that in his opinion any degree of weakness of intellect is dementia. Esquirol, whose authority he invokes, thus defines dementia: "A chronic, cerebral affection, characterized by defect of the sensibility, the intelligence, and the will, with incoherence of ideas, deficiency of intellectual and moral spontaneity, and impossibility of reasoning justly." Can we admit that a partial impairment of the intellectual faculties, as for example a weakness of memory, increased emotional sensibility, and slight diminution in the aptitude for intellectual labor, and in the energy of the will, can be considered as evidences of dementia? Do we not frequently see patients under the influence of painful chronic disorders, of violent grief, of misfortunes, of misery, of the depressing passions, of continued loss of sleep, of excessive mental exertion, &c., affected with slight mental impairment, without being considered demented? And how can patients suffering from general paralysis, who are perfectly conscious of the nature of their disease, not be affected by this consciousness, and experience some intellectual and moral enfeeblement?

While admitting that there may be in some cases of general paralysis a *partial* weakening of the mental faculties, without the existence of dementia, I assert that I have seen others in which it was impossible to verify it. M. Guislain says on this subject: "I have seen in my private practice paralysis of the whole muscular system run a slow and gradual course, ending in death, without the patient, during the whole progress of the disease, showing any delirium or disorder in the intellectual operations. These patients have con-

tinued to their last moments conscious of their condition."—(Vol. 1, p. 338.)

Is epilepsy, which is ordinarily accompanied by insanity, and especially by dementia, necessarily connected with it, and do we not every day see epileptics whose fits occur but seldom, preserve the perfect integrity of their moral and intellectual faculties until death? Why may it not be so in general paralysis? I am convinced that general paralysis is not a disease peculiar to the insane; that it is not a special form of insanity, and that it does not necessarily lead to it; that it is an independent and distinct disease so long as the lesion which produces it does not extend to the molecular portion of the brain, which presides over the intellectual faculties; and I have no hesitation in believing that this part of the encephalon may be spared for a certain time, or even during the remainder of life. I am far from being persuaded that motility and intelligence have the same seat in the brain. If it were so the intellectual lesion would always show itself simultaneously with that of motion; but experience proves the contrary, since months and even years may elapse without our being able to observe the least sign of mental impairment. Physicians at the head of establishments at which none but the insane are received, have evidently been able to study general paralysis only as accompanied with insanity, and have thus been induced to regard it as a species or variety of mental alienation. How can it be maintained with reason that a disorder, which may exist for months and years without presenting the least trace of intellectual disturbance, is a form of mental derangement? This is interpreting facts in the same manner as those who pretend that general paralysis may exist without lesion of motility.

It can be readily understood why patients attacked with uncomplicated general paralysis, whose reason is fully preserved, whose judgment is perfect, whose will has never faltered, whose consciousness and appreciation of facts are unimpaired, should not wish to consult a physician known in our specialty, and to be placed under his care, for that would be to admit unequivocally that their reason was compromised. It can also be seen that families would guard

against having recourse to the advice of an alienist, and for a much stronger reason would avoid placing the patient under his immediate care. It is only at a later period of the disease, when trouble or impairment of the intellect is superadded to the paralytic symptoms, that it is thought proper to consult an alienist, or to place the patient in an asylum. I may add that it is only as an exception that alienists are called to treat patients attacked with general paralysis in its simple form, and that of necessity paralytics submitted to their examination are almost constantly insane.

From the fact that the greater number of alienists have not had occasion to study general paralysis at its onset, nor to observe its development and gradual increase with complete absence of psychical phenomena, and from their so frequently seeing, on the other hand, lesion of the motor faculties united with that of the intelligence, some of them have concluded that it was a paralysis peculiar to the insane, and consequently always connected with derangement of the intellect; others that it was of a different nature from that which had been observed in patients attacked with insanity. Both of these opinions appear to us to be erroneous.

General paralysis, it is well known, was formerly confounded with ordinary paralysis, and alienist physicians, and among others, Ph. Pinel, Haslam, and Esquirol, had remarked the frequency of this complication among the insane, and the serious consequences resulting therefrom. Doctors Delaye, Bayle, and especially Calmeil have fixed the attention of the medical world upon this disease which they studied at the Salpêtrière and at Charenton, that is to say, in institutions for the insane; therefore it ought not to be thought strange that they have regarded it as a disease peculiar to the insane. Nevertheless, Dr. Delaye had at that time published a case of general paralysis without alienation. The opinions of these distinguished alienists were shared by all physicians, until Drs. Prus, Requin, Sandras and others, demonstrated by clinical observations that general paralysis might exist without being associated with madness; afterwards it was observed in private practice and in ordinary hospitals. Professor Rostan, who like all other physicians, at first shared

the views of M. Calmeil, has noticed cases of general paralysis at the Hôtel Dieu, and has given lectures on the subject, in which he delivered opinions contrary to those of the physician of Charenton.

M. Rostan, I need scarcely say, is engaged in an especial manner with affections of the brain. Every one is familiar with his valuable labors on cerebral softening at the Salpêtrière, where he also acted during the long absence of M. Parisel, as physician-in-chief to the insane department. It may therefore be said that he has all the knowledge and experience of an accomplished alienist. He is without doubt more consulted than any other physician, in affections of the nervous centres, and no one has seen so many cases of general paralysis in its incipient stage,—his opinion ought therefore to be allowed great weight. When therefore he says, that of six general paralytics who have come under his notice in his private practice, five were entirely free, for a considerable time, of the slightest trace of insanity, we may with good reason be surprised when we hear distinguished alienists affirm that it always exists either before or at the commencement of the attack of paralysis. M. Rostan does not deny, any more than myself, that in most cases general paralysis brings with it, at a period more or less advanced, either general or partial insanity, or impairment of the mental faculties. It acts, in this respect, like most cerebral affections which are capable of determining a psychical disorder. Epilepsy, apoplexy, chorea, eclampsia, hysteria, &c., often produce the same effects without our being warranted in believing that these disorders are epileptic, apoplectic, choreic, eclamptic, or hysterical insanity; on the contrary they have always been regarded as separate and distinct disorders.

If it is so with these morbid conditions, why may it not be the same with general paralysis? It is in vain to seek to interpret adversely to our views the cases reported by Prus, Requin, Sandras, Baillarger, Lunier, and others. I do not wish to put a stop to discussion of the subject, but M. Rostan related to me, a few days since, that he had had under his care, for nearly ten years, the father of a member of the Institute, affected with general paralysis without mental disorder, or the least impairment of the mental and moral pow-

ers; and it was only towards the tenth year that mental disorder supervened, speedily ending in death.

In 1842, M. Rostan and myself had under care for many months in my private establishment, where it is known I receive also patients who are not insane, a general paralytic, whose disease was of about one year's duration. Though his memory was somewhat enfeebled, he continued to attend to business, and he was perfectly sensible of his condition. The same year M. Trousseau sent to me another patient affected with general paralysis. This patient had been treated about a year, in the country. We subjected him for several months to very active treatment with only slight benefit. This patient's reason was not at all effected; there was no trace of insanity. Slight deficiency of memory could alone be detected. He was able to manage his affairs before coming to me, and resumed their direction upon leaving.

M. Trousseau said to me, a few days since, that he did not regard general paralysis as a disease peculiar to the insane; that he had treated a number of general paralytics who presented no symptom of mental disorder; and that general paralysis without mental alienation is of the same nature as that observed among the insane.

M. Hervez de Chegoin has seen, both in hospital and private practice, many cases of general paralysis without the least mental disturbance. This learned physician entirely coincides in opinion with Professors Rostan and Trousseau.

An officer in the army had been treated at the hospital of Metz, and in that of Val de Grace, during about six months, for general paralysis, as certified by the physicians. He presented, in fact, when he entered my establishment in 1846, all the symptoms of general paralysis in the second stage. He gave me an account of his condition with perfect clearness, and described to me all the details of his case, and of the treatment to which he had been subjected. His memory, which was at first impaired, improved soon after his admission; and he did not manifest the least sign of intellectual disorder. He returned to Metz in the same condition.

A patient, living in the Champs Elysees, whose physician I had



been for many years, was affected during four or five years with general paralysis, the progress of which was slow, though constant. He spoke with great difficulty. His voice was weak, his hands were tremulous, and fulfilled their office very imperfectly. His gait was slow and tottering, his feet dragged on the ground, and he needed a person to support him in walking. The saliva escaped from his mouth, and at times his urine and feces passed involuntarily. He retained the most complete possession of his intellectual faculties; his memory was in no wise enfeebled; he read the journals, and different authors, and took part in conversation with persons who came to visit him, though he could scarcely articulate so as to be understood. During the time that I had this patient under my observation, his intellect was not affected, though the paralysis made continued progress, and he died two years afterwards in a country house near Versailles.

M. X., merchant, of sanguine temperament, was attacked, at about the age of fifty years, with paralysis of the tongue, supposed to have been caused by the suppression of an abundant hemorrhoidal discharge, which had existed for a great number of years. At first there was a slight hesitancy in his pronunciation, and a difficulty in expressing certain words, which surprised and annoyed him. These symptoms gradually increased, and M. X. decided upon coming to Paris for advice. He arrived in the city after a journey of a few days, and was surprised to find himself perfectly well. He talked with the greatest ease, and considered himself so thoroughly cured that he thought it unnecessary to ask the advice of a physician, during the month that he remained in the capital. He returned to the country, pleased with the prospect of seeing his family, but the day after reaching home the difficulty of speech returned, which he attributed to having indulged in sexual intercourse. Sea-bathing was ordered, which appeared to do harm, chiefly apparent in the upper extremities, which became more feeble. The patient wrote with difficulty, and his writing was scarcely legible. For three years and a half these symptoms gradually increased, and M. X. came the second time to Paris for advice. I saw him a few days

after his arrival. His speech was much affected; the tongue was increased in volume and tremulous, but protuded in a right line. His lips were affected with a spasmodic twitching, and his hands were weak and unsteady. The inferior extremities permit him to take daily walks. There is nothing wrong with the bladder. There is constipation. Erections are common, and coitus is more frequent than is consistent with the welfare of the patient. Sensibility is not diminished; digestion and nutrition are well accomplished; the circulation is in a healthy condition; the sight and hearing present no change, and the moral and intellectual faculties are in a state of perfect integrity. The patient writes with difficulty, but his friends remark no difference in the style of his letters; they always display the same animation, the same clearness, and the same aptitude for business.

After consulting different physicians, and among others, M. Rostan, M. X. returned to the south, where the disease continued its progress. His hands became more feeble and tremulous; the lower limbs weaker from day to day; pronunciation more and more embarrassed; deglutition was effected with difficulty; and the respiration was labored. The patient writes upon a slate, with a pencil attached to his wrist, and his writing shows that he understands what he hears.

He is familiar with the news of the day, and remembers what he has heard the day before, or on preceding days; and he continues to take an interest in his business. He can no longer move from his bed or his chair, and comprehends perfectly the serious nature of his disorder. He died, surrounded by his family, about a year after leaving Paris the second time, and five years from the commencement of the attack; his reason continuing perfect to the last moment of life.

A captain in the Tenth Regiment, in Spain, my former companion and friend, experienced, several years ago, a difficulty in pronouncing certain words. He was sensible of it, and sometimes succeeded in pronouncing them after some effort; and at other times was obliged to write them with a pencil. Afterwards his pronunciation became more difficult; and the paralysis extended gradually

to the upper and lower extremities, without the intellect being affected, or the memory becoming at all impaired. This condition continued for many years, until I lost sight of the patient. I have since learned that the disease terminated fatally.

I have seen in my private practice a lady who had been affected with general paralysis about twelve months. All her faculties were entire, and even the memory showed no impairment.

Professor Chomel sent me in 1855, a general paralytic, putting at the head of his letter of consultation, in Latin, the words, general paralysis. This patient was a merchant, actively engaged in business. His reason was normal, his memory unimpaired, but the disease, which had continued for two years, was increasing. He left me after a residence of two months, nearly in the same condition.

A patient of Dr. Cannel had been affected with general paralysis for three years, before becoming insane, and being placed under my care. He was a government officer, and had performed his duties up to the time of becoming insane.

We could adduce other examples, all tending to show that general paralysis may exist for a length of time, and even until death, without necessarily being accompanied by insanity, or mental impairment of any kind. In the greater number of cases, where it has been thought to have commenced at the same time with madness, it has almost always preceded it. This is at least my conviction, after careful inquiry in the cases of the disease which I have had the opportunity of observing.

I am well aware that it may be objected that I have been deceived, and have mistaken for general paralysis other affections, such as symptomatic or spinal paralysis, and have overlooked the psychical symptoms. I would say in reply, that I may certainly, in some instances, have been mistaken; but I cannot believe that I have always committed errors in diagnosis, which errors, moreover, if they exist, have been equally committed by other physicians high in the rank of science.

Does the expression *symptomatic general paralysis* really represent a peculiar morbid affection? Do paralytic phenomena present

nearly the same characters, or do they offer marked differences, so that the different lesions of motion may be easily recognized and classified? Dr. Delasiauve was, I believe, the first to attempt this. He has divided general paralysis into idiopathic and sympathetic, and has given the signs which distinguish them. He does not admit, for example, that the general paralysis which complicates epilepsy, is of the same nature as that which he calls idiopathic. Notwithstanding the efforts of our learned friend, whose important labors no one appreciates more highly than myself, I think there are numerous cases in which it would be impossible to say, This is an example of idiopathic, and that of general paralysis.

To study general paralysis with good results it is necessary to inquire in the first place, when it is simple, primitive, isolated and independent; whether two forms ought to be admitted, the one which does not terminate in insanity, (and which would be that whose characters have been determined by the researches of MM. Brierre de Boismont, and Duchenne of Boulogne,) the other which is followed more or less promptly by mental alienation. Can we not, if it were desirable to make classifications and distinctions, admit different species, such as general paralysis accompanied from the first with dementia; general paralysis under an acute form; that under the chronic form; general paralysis commencing with the various forms of excitement or depression; that designated by M. Baillarger under the name of congestive mania; secondary general paralysis, for which the name of general paralysis of the insane has been retained; the lesions of motion complicating other disorders, such as hysteria, epilepsy, apoplexy, &c., symptomatic paralysis, if it were possible to establish the positive signs of the lesions which determine it; alcoholic or saturnine paralysis; and that which is due to muscular atrophy.

It certainly would be a great advantage to distinguish all these paralytic affections, but we must first be able to determine, by inspection of the patient, the morbid alterations which produce them; to indicate the symptoms which announce that any given portion of the brain is diseased; that it is alteration of the gray substance

which causes certain symptoms ; that it is lesion of the white substance which is manifested by other phenomena ; that diminution of the volume and weight of the encephalon, its hardening or softening, are manifested by special signs ; that serous effusions into the ventricles, and the formation of false membranes and tumors of different kinds, are recognized during life. It must be confessed that there yet remains much to be done, notwithstanding the labors of so many alienists of great merit. It therefore appears to me that it would be prudent to wait before deciding positively upon the nature of the different forms of general paralysis.

The symptoms characteristic of uncomplicated general paralysis are exclusively somatic. It is the tongue, the lips and the limbs which present the first symptoms of this malady. These signs, an embarrassment more or less marked in the pronunciation of words, or of certain words and letters, and sometimes impossibility of articulating, spasmodic trembling of the muscles of the lips and tongue, a vermicular movement of this organ which is protruded in a right line, feebleness and trembling of the hands, an unsteady gait, displaying itself by a defect of co-ordination in the movements of progression, difficulty of preserving the equilibrium in an upright position, by scraping the ground with one or both feet, by deviation from a straight course in walking, and by involuntary flexion of the femoro-tibial articulation. When these symptoms have supervened upon cerebral congestion, with or without loss of consciousness, or when they are manifested slowly and progressively ; when they are more apparent on certain days, and disappear to show themselves anew at another time ; and when to these symptoms are added pastiness and augmentation in the volume of the tongue, hoarseness or feebleness of the voice amounting sometimes to aphony, a peculiar expression of countenance, shrinking of the features, dullness of the eyes, a general condition of anæmia, or congestion about the head, insomnia, continual restlessness, dilatation of one pupil, winking of the eyelids, and anesthesia more or less extensive of the skin, the existence of general paralysis may be almost positively affirmed.

When mental alienation is superadded to the lesion of motion the



series of psychical symptoms is then presented, and this double morbid condition takes the character which has been designated under the name of paralytic insanity, or paralysis of the insane. If the form of insanity is dementia, the intellectual and moral faculties are more or less enfeebled; memory of recent occurrences is almost null, association of ideas, reason and judgment are difficult or impossible, mental activity and the will no longer exist, or are scarcely manifested. The affections are replaced by complete indifference, and the emotional sensibility is manifest without reason or motive. An air of dullness and stupidity is apparent in the whole aspect, which is the more striking as the lesion of motion is more advanced.

If it is general insanity it may amount to the most intense maniacal excitement, and present all the characters which mark this psychical condition. Nevertheless, if the patients are examined carefully it will be perceived that their will readily yields, and that they are more easily managed than cases of ordinary mania. In the midst of their extravagance and excitement are frequently manifested ideas of grandeur, ambition and omnipotence, more baseless and more absurd than those of ordinary insanity.

If it is monomania, the ideas from the first are irrational, the patients are gay, lively, loquacious, free in their conversation even to indecency, easy in their affairs to the extent of prodigality, inclined to make useless or ridiculous bargains. Their habits and character are changed; from gentle, benevolent and polite, they become irritable, uncivil and ill-natured. Self-exaltation, vanity, pride and ambition, which at first were scarcely perceptible, are now manifested, and ideas of this kind are carried to the absurd and the impossible, to the most complete and unreasonable extravagance.

If it is depressive insanity it takes the character of hypochondriasis or melancholy, but more frequently these two forms are united, or occur alternately. The expression of this form may present the appearance and give the idea of simple, hypochondriacal melancholy, if attention is not directed to the somatic phenomena, whose presence will dissipate all doubt. I need not say that the union of insanity and paralysis gives to the physiognomy of the patient a pe-

culiar expression, which results evidently from the morbid manifestation of the two orders of psychical and somatic phenomena, and that this expression varies according to the form of insanity, and the period of the lesion of motion.

In the diagnosis of this form of paralysis it ought to be remembered, that its special character is to be *general, incomplete, and progressive*,—*general*, because of its tendency to extend and to reach progressively the whole organism; sometimes strongly marked upon one region of the body, sometimes upon another, in such a manner that on one day the patient cannot pronounce a single word, or is bent to one side, or suffers complete paralysis of one limb, while a few days after, or perhaps the next day, speech and motion will have returned; *incomplete*, because the motor power is never abolished entirely and at the same time in these different parts; *progressive*, because in the greater number of cases it makes incessant progress, presenting nevertheless, remissions more or less marked, and terminating sometimes, though rarely, in recovery.

In regard to the differential diagnosis it will be sufficient to say, that in order to make it out with the greatest possible certainty, it is necessary to analyze carefully the somatic symptoms, and to compare them with those presented by other forms of paralysis, and other morbid conditions of the nervous centres. In the general paralysis of the insane we must compare certain psychical phenomena (hallucinations, for example) with the special illusions of delirium tremens, and not forget that ambitious ideas are a frequent symptom of paralytic insanity.

In the cases of general paralysis accompanied with insanity, almost complete remissions sometimes occur, which seem to promise recovery. In these cases the psychical and somatic symptoms do not disappear simultaneously; the one order may become scarcely appreciable, while the other is still apparent. In such cases the mental disturbance may slowly disappear, reason may gain the ascendancy, and the actions and language present nothing unusual, or rather the psychical symptoms may be of such a character that they can not be recognized without very close attention. Among other patients

the contrary is observed. They retain their insane ideas after the paralysis has disappeared.

Should there be no longer any disturbance of the intellect, we may remark, at times, that the speech is more or less hesitating and embarrassed, that the tongue is slightly tremulous, that the upper lip twitches spasmodically, that one of the pupils is dilated, that the gait is tottering, that the hands are unsteady and cannot grasp or hold small objects. These symptoms, which are far from being always united, may disappear gradually, and leave few or no traces behind them. This remission is of longer or shorter duration. In the greater number of cases it lasts but a short time, and is followed by new symptoms. It is during these periods of remission, that alienist physicians are often solicited, either by the administrative authorities, by courts, or by families, to give their opinion on the condition of patients who are very anxious to be restored to their liberty. All alienists have had opportunities of seeing similar cases, and been obliged to pronounce an opinion. It is well known how difficult it is at times to make out a correct diagnosis without a prolonged examination of the paralytic insane. We have at this time under our observation patients presenting complete remissions, after having shown the most decided symptoms of general paralysis with ambitious mania; some even who have presented the characters of dementia with advanced paralysis.

Professor Rostan and Dr. Baroux sent me the case of an engineer affected with ambitious insanity and general paralysis, which had made rapid progress. Epileptiform attacks of extreme violence and frequent occurrence accompanied with the most intense mania, had led his physicians to believe that his life would be of short duration. Topical bleeding at the base of the cranium, and blisters on the whole scalp caused a cessation of the convulsions, and some diminution of the excitement. The patient sunk into a state of the most dangerous prostration; an enormous abscess formed, invading the whole of the right thigh, and discharged every day one or two quarts of pus; large eschars formed upon different parts of the body, but principally over the sacrum; the delirium continued, the debility

became extreme, the emaciation was fearful, the urine and stools passed involuntarily, and a fatal termination was hourly expected. Fresh blisters were successively applied to the head, at the same time that tonic treatment was employed. As soon as it was possible to lift the patient into a bath he was subjected to cold affusions, of the temperature of 10 or 12 degrees, (about 50° Fahrenheit) for two or three minutes at a time. Under the influence of this treatment the cerebral symptoms gradually diminished, the sleep and the appetite returned, the evacuations were no longer involuntary, the immense sinus of the thigh contracted, the pus diminished in quantity, the eschars filled up, and M. T. was able in about two months to leave his bed, and to take a few steps. The baths were continued, as well as the tonics, assimilation and nutrition were soon accomplished in such a manner that he regained his flesh, and his physical health left nothing to be desired. The difficulty of speech, which was at first considerable, disappeared, and it was only occasionally that slight hesitancy in the pronunciation could be detected, the gait which had been tottering became steady, and he could take long walks without fatigue. His appetite was voracious and could only with difficulty be satisfied, the sleep was excellent, in a word all the bodily symptoms gradually diminished, and finally disappeared entirely. His intellect unhappily did not undergo the same improvement, and his mind though less disturbed was sufficiently so for the disorder to be perceptible. His family, happy to see him so much better than they had ever hoped, took him to Belgium, and we are since ignorant what became of him. This case, of which I have only been able to give a brief summary, is remarkable on more than one account, but principally for the favorable termination, which there was so little reason to expect. It shows that in the most hopeless cases we ought not to neglect to employ very active treatment, and that abundant suppurations, either artificial or natural, contribute powerfully, if not to a perfect cure, at least to a sensible amelioration. It ought not to be forgotten that the paralytic symptoms alone disappeared, while the intellectual disturbance remained, though in a less degree. I would ask if even an alienist, who had seen M. X.

for the first time, during this period of remission, would have suspected that he had been attacked with general paralysis?

In September, 1855, the viscount X., who had for some time manifested symptoms of insanity with general paralysis, was brought to my establishment by the advice of Drs. Ferrus and Arnal. In a consultation, which was called a few days after, symptoms were observed of ambitious mania, with impairment of the memory, incoherence of ideas, difficulty of speech, &c. A short time after, there were filthy habits, involuntary evacuations, increased difficulty of speech, and vain and ambitious ideas. Eight months were passed in this state. Toward the end of spring and during the remainder of the year there was considerable improvement. The articulation was free, the step firmer, and the physical strength was increased, but the ideas were still irrational, though less so than at first.\* Shortly afterwards the memory returned, not only of facts long anterior, but also of recent occurrences. The patient wrote letters, which were generally rational. He demanded his liberty of the prefect of police, of the procurator-general, and of the judge of the court. Some of his friends, satisfied of his recovery, applied to the authorities to have him discharged. The examinations of M. Ferrus verified a notable improvement, but not a complete cure. MM. Ferrus and Rostan visited M. X., in whom they could discover no symptom of insanity, or of paralysis. They advised greater liberty, walks in the country and amusements, and if the improvement continued, a journey, and finally removal either to the country residence of the patient, or that of a friend. M. X. is removed to another part of the house, where he is no longer in communication with the insane. During the whole autumn he goes out many hours daily; he passes his evenings in rational society, and we are able to observe him still more closely. He presents no symptoms of derangement; his conversation is rational, his manners are agreeable, and, according to the opinion of people who had known him for a long time, he was never better; he appeared to be restored in fact to his normal condition. Towards the end of autumn he was not so well; was more irritable, and committed improprieties if my presence did not



restrain him. He formed anew absurd projects, aspired to great employments, talked much more, could no longer be permitted to walk out, and demanded his liberty with great earnestness. The procurator-general questioned him, and my advice was asked. It was contrary to the wishes of the patient and those of his friends, who were constantly running to the different authorities. Towards the end of December, our learned colleague, M. Parchappe, was appointed by the court to state his mental condition. This distinguished physician visited him twice with an interval of three weeks. During the first interview, the patient answered in such a manner as to leave some doubt in the mind of M. Parchappe. On the second examination the intellectual impairment, the defect of reason and judgment are manifest; nevertheless there is no embarrassment of speech,—at the most perhaps a slight hesitancy very rarely noticed, such as existed, it was said, before the attack; and no other symptom of paralysis. M. Parchappe was decided as to the necessity of keeping M. X. in the institution, and confirmed the unfavorable prognosis given by M. Ferrus and myself at the time of his admission into my establishment. The disease continues to progress, the symptoms of paralysis of the tongue, and of the extremities have commenced anew, and at present he is in a state of complete dementia.

The psychical phenomena at first united to the somatic, remained after the latter had disappeared. They then showed themselves with renewed activity, while the symptoms of paralysis only returned at a later period. At present the two orders of symptoms are reunited, but they are far from being of the same intensity.

Two other patients lately seen by MM. Rostan and Ferrus presented remissions nearly similar. The first, who was sent to me by Dr. Lourel, presented symptoms of melancholia with difficulty of speech; some months later the melancholia subsided, leaving only slight weakness of intellect and want of mental activity and energy, but the stammering was more apparent than at first. Dilatation of the right pupil, observed in the commencement, persisted without any diminution. Within three months the patient has gone to live with

a member of his family. We have little expectation of his recovery. The second, a patient of Dr. Bossion, manifested, in 1856, considerable mental excitement, accompanied with ideas of grandeur and ambition. He believed himself to have been placed in the establishment by order of the Emperor, and during the first six months always addressed me by the title of Prince. His speech was at times embarrassed, and the articulation was imperfect. During the first months of 1857 there was almost complete remission. The most of the symptoms had disappeared to such an extent that it was thought that the patient might soon be restored to his family. In the course of the summer the symptoms were renewed in an aggravated form; complete dementia, involuntary evacuations, filthiness, prostration, eschars on different parts of the body, extreme emaciation, thickness of speech, and difficult and tottering gait. The symptoms of paralysis, however, do not equal those of the intellectual impairment, which has reached almost the last degree. Towards autumn the paralytic symptoms disappeared; nutrition is again accomplished, the sleep is good, and the flesh is regained, the intellect is restored, incoherence of ideas no longer exists, the memory is perfect, he is no longer incoherent, thinks himself well, and wishes to return to his home, or go to the country. MM. Ferrus, Rostan and Bossion are consulted, and think it necessary that his stay should still be prolonged, notwithstanding the great improvement. Four months after, the mind is again depressed, the circle of ideas is limited, the patient repeats constantly the same words. The speech is free, there remains only slight hesitation, the step is firm, the muscular strength good, embonpoint considerable. A. X. has returned to habits of remarkable propriety, his toilet is carefully attended to, the paralysis is scarcely perceptible, but the intellectual impairment is more apparent. During the last month the dementia is more obvious, and the somatic phenomena, which had disappeared, have shown themselves afresh. Emaciation came on suddenly, and makes daily progress, he has again become filthy, and his physical strength gradually diminishes.

Depressive insanity, with a tendency to hypochondriasis or mel-

ancholia, which complicate general paralysis much oftener than was at first supposed, may deceive inattentive physicians, or those who have not made a special study of insanity. In the *Union Médicale*, of November, 1849, and in the *Annales Médico-Psychologiques*, 1850, I noticed a mistake that had been committed by Ricamier in the case of a patient affected with profound melancholia, accompanied with general paralysis. The latter had come on so insidiously, and almost imperceptibly, that one of the most learned physicians, a highly distinguished alienist, gave the following certificate, on the 27th September, 1845. "I, the undersigned, Physician to the Asylum of X., certify that M. is affected with melancholia, with a tendency to become chronic, and that I believe it necessary to place him in an asylum for the insane." On the 29th, two days afterwards, I noted the situation of the patient had become more serious. In six weeks after his admission, when the paralysis had made rapid progress, and his weakness had become extreme, he was visited by Ricamier, who persisted in not recognizing the existence of general paralysis. The next day, Dr. Foville saw the patient in consultation, and at the first glance confirmed my diagnosis. Some days later the somatic and psychical symptoms were more decided; fears of poison, of loss of fortune, of sudden death, &c., paralysis of the bladder, weakness of the extremities, increased impediment of speech. The patient was taken to another house, where he could be seen more frequently by Ricamier, and died a few days afterwards.

This case demonstrates the difficulties that may be experienced in making out the diagnosis of paralysis accompanied with insanity under the form of melancholia. It is evident that the alienist physician who gave the certificate, either had not examined the patient carefully, had been misled by the depressive form of the insanity, or had only seen him at a time when the somatic phenomena were not manifested; which latter is the most probable. As to Professor Ricamier, he was entirely mistaken in the nature of the disease, and if anything could excuse him for persisting in seeing only melancholia in the case of M. X., notwithstanding the assertions of Dr. Foville

and myself, it is, that he was a stranger to the study of mental disorder.

At the meeting of the 20th November, 1857, of the Society of Medicine of the Department of the Seine, M. Baillarger called the attention of that learned body to a form of special insanity, which he called hypochondriasis, which he had observed in the course of general paralysis, in which, said he, it appeared to be met with almost exclusively. This learned alienist believes that this form of mental aberration ought to be distinguished from ordinary hypochondriasis, and even from melancholia, which often show themselves among the paralytic insane. I have frequently observed the form of aberration of which M. Baillarger has spoken, and I confess I have never considered it as special in its character, but simply as a complication, or rather as one of the epiphenomena which are frequently observed not only in general paralysis with insanity, but in different forms of mental alienation. This hypochondriacal aberration is often related to melancholia, and if the patients are examined carefully, and for a sufficient length of time, it will be found that the symptoms of these two morbid states are combined or intermingled, so that the patients will say not only that they are attacked with a mortal disease, that they are going to die, that they are dead already, that they have no tongue nor mouth, nor swallow, nor stomach, nor lungs, that they are constipated, that for years their food has accumulated in their bowels, that they are impotent, that they have no virile member, that their heart does not beat, that they have no pulse, &c.; but also that they are ruined, betrayed, abandoned, poisoned, in the deepest misery, the most unhappy of mortals; that their family, relations and friends are all dead; that they have been murdered after enduring the most cruel tortures. Under hallucinations of the different senses, and delusions of a distressing nature, they shed abundant tears, and give themselves up to despair.

In most of the cases which I have observed, I have remarked the connection of the phenomena which characterize these two forms of aberration, with predominance sometimes of hypochondriacal, sometimes of melancholic ideas; and I think that in regarding them

more closely we will find them almost always united, not perhaps constantly, but more or less intimately, and we will be convinced that they are merely complications or epiphenomena, nearly related to each other, and resulting from the condition of mental and moral enfeeblement in which the patients exist.

The fact being admitted that general paralysis is met with under these two forms of excitement and depression, the alternation in the course of the same affection of these opposite states, so remarkable for the contrast they present, has not been sufficiently noticed. On certain days the paralytic insane are in a state of extreme jubilation. Every thing smiles for them; fortune favors them; they are worth millions; they believe themselves poets, princes, or kings; that they are in splendid health; that they are beautiful, young, vigorous, and of gigantic stature. The following day they are sad, they weep, they are in the most profound misery; they think themselves dying, or attacked with the most dangerous diseases; in a word they are a prey to the series of symptoms which characterize the state of hypochondriacal melancholy, of which I have spoken above. The changes in the mental condition of these patients take place at longer or shorter intervals. They are observed sometimes, though rarely, in the course of a single day. I have generally observed them in the morning, on the patient's rising, so that on seeing them at that hour either joyous or distressed, could almost be certain of the condition in which they would continue during the day. It has appeared to me that this emotional condition was due to hallucinations supervening during the night, or rather, I might say, to dreams, which by reason of their depressing or exciting character, had impressed them strongly, and changed the course of their waking thoughts. I am disposed to attribute these changes to dreams rather than to hallucinations, because the latter, which frequently occur in the daytime, are but seldom followed by any change in the condition of the patient. Whether they are produced by dreams or hallucinations, it is especially at the moment of waking that one is struck by the complete change which they present in their mental manifestations. In a number of cases collected during two years, I have



noticed with scrupulous care these variations in the psychical symptoms of the paralytic insane, and I have thought it proper to call the attention of observers to the subject.

I consider the state of mental depression which is met with in the course of general paralysis as a complication, which shows itself sometimes under the melancholial, and sometimes under the hypochondriacal form, and almost constantly under both at the same time, so that it may be said that the depressed condition of the intellectual and moral faculties, although varying in symptomatic expression, is nevertheless in reality one and the same morbid condition. I regret in this respect not to coincide with the opinion of M. Baillarger, but I do not believe in the existence of a special, hypochondriacal aberration. The depressive form is only a variety of general paralysis of the insane, whose numerous and proteiform symptoms present a character and physiognomy varying in almost every case.

Does general paralysis, accompanied with hypochondriasis or melancholia, make more rapid progress, and does it end more promptly in death than the other forms? Is the gangrenous diathesis more rapidly developed? M. Baillarger answers in the affirmative. The greater number of general paralytics whom I have seen affected with either hypochondriasis or melancholia have lived but a short time, and have suffered from gangrenous eschars. Ought the disposition to gangrene and the fatal termination to be attributed to this complication? It can be easily understood that in the depressive form the progress of the disease should be rapid, for these patients, almost always a prey to the most distressing delusions, the most painful hallucinations, and to unusual visceral sensations, deprived of sleep and of repose both day and night, refusing to eat and to drink, except at irregular intervals or when compelled by artificial means, fall rapidly into a very feeble state, accompanied with frightful emaciation. In such a condition the circulation daily becomes weaker, assimilation no longer goes on, all the functions become languishing and are performed imperfectly. The consequence which must result is easily foreseen. We ought not, therefore, to be surprised that the

gangrenous diathesis otherwise so frequent in general paralysis, even when accompanied with expansive delusions, should under these unfavorable circumstances exercise a still more injurious influence, and that a speedily fatal termination should be the result.

M. Baillarger says, that this hypochondriacal form may in certain cases aid in the diagnosis of general paralysis. But hypochondriacal melancholy is quite frequently met with when there is no lesion of motion; so that its presence might completely lead into error if the other symptoms were neglected.

On the 28th Feb., 1847, our learned colleague, M. Ferrus, sent me a patient, who at first showed only morbid psychical symptoms, ambitious, extravagant ideas, and insane projects. A few days afterwards, we observed that there were embarrassment and difficulty of speech—symptoms which his family had noticed previously to his admission. The following passages of a letter, written a few weeks after his entrance into my asylum, will show his mental condition.

"Sire :—I resort to your assistance for deliverance from the prison in which I have been confined for the last eighteen days. Sent by God, I come to improve immensely the condition of mankind throughout the whole earth. One night, while lying awake, I was bathed in a splendor which overpowered me, and in a light which penetrated my inmost soul. I then received a divine revelation, which is to change the face of the world, and to bring men immeasurably nearer the Deity. God has chosen me to establish it in the earth. \* \* Jesus Christ, my predecessor. \* \* I can make 150 millions of money in a day. I have discovered perpetual motion," &c.

In about three months perceptible improvement was manifested. The conversation of M. X. became rational, his letters were sane, his stammering disappeared, and he repeatedly demanded his discharge. I believed he was concealing his real condition, and charged him with certain insane expressions he had uttered. He then sent me the following account to prove to me that he was no longer insane; notwithstanding at the same moment he made presents of the value of one hundred thousand francs, and wished to buy a residence in the Champs Elysees.

"My insanity had not yet reached its height when I entered the Pinel establishment, which was only three or four days after its commencement. I can not explain how such absurd ideas, which I am now myself astonished at, could have entered my mind. I wrote to the king and queen letters which truly could only have been the product of a diseased brain. I recollect that I announced to them that we were to sail through the air in frigates, lightened by means of a vacuum; that water-wheels and railway-carriages were to be moved by a constant stream of running water, which was to perpetuate itself. Hence an inexhaustible source of wealth. I recollect also very well, that I intended to traverse the earth by means of a hole which was to penetrate to the antipodes. I had then entirely lost my reason, and I thank the good God who has been pleased to recall me to my senses, and to make me as sane now as I was bewildered three months ago. These observations may be useful to that science which treats of disorders of the brain. In writing my history now, I feel as though I was writing that of another man. My reason has returned perfectly, and I only feel a sort of shame at having given such clear proofs of mental unsoundness. Nevertheless I have no apprehension for the future. All that has passed seems like a dream, and I wake in my perfect senses. Done at the Palace of St. James, 4th June, 1847."

What I have related of M. X. goes to prove that it is sometimes difficult to ascertain the actual condition of the patient, unless he is examined very carefully. If I had judged of his state by the conversations I had with him, and the letters he wrote me, I should have declared positively that he was not insane.

On the 7th May, 1855, I received into my establishment M. X., whose condition is described in the following certificate.

"The undersigned physicians certify that M. X. is affected with dementia and general paralysis, the consequence of cerebral disease of about one year's standing, and that his condition requires confinement in an institution for the insane." (Signed LEGROUX, FOVILLE, MAGNE.)

My certificate stated that he was attacked with dementia and general paralysis, characterized by impairment of the power of locomotion.

During the first few months M. X. experienced some difficulty of speech, stammering and spasmodic twitching of the lips, his hands were tremulous, his lower limbs were feeble, his gait unsteady and

slightly tottering. Memory of facts long transpired is good ; it is weak and confused in regard to recent occurrences, and his ideas are vain and irrational. A double amaurosis has existed about two years, and blindness is complete ; yet the patient persists in saying that he can see. Towards Autumn there was some diminution of the paralytic symptoms.

Drs. Foville and Legroux visited the patient again, in December, and noted an improvement in the lesion of motion ; but the same impairment of the intellectual faculties as at first. During the winter his family requested that he might be placed under guardianship. He was questioned by the judge, and by a deputy of the procurator-general, and the court upon the result of the examination granted the interdiction. Towards the end of winter the physical symptoms had almost disappeared. He was somewhat more rational ; nevertheless the mental impairment could not be doubtful. About the first of May, M. X. was taken from the establishment, and a short time after demanded the removal of the interdiction. Three physicians were commissioned to examine the patient. Their certificate states that M. X. has not been attacked with general paralysis, and that he could not have been affected with it, for that disease is incurable.

The family requested MM. Ferrus, Foville, Baillarger and Pinel to visit the patient. They examined him at different times very carefully, and decided that he was in a state of mental impairment, and unable to direct his movements, or to manage his estate.

MM. Falret, Brierre de Boismont, and Blanche, appointed by the court to report upon the patient, are still more explicit. They say that he is affected with a lesion of the muscular functions, with notable impairment of the intellect, and conclude in the same manner.

M. X. is placed in a private asylum, where he is submitted for eight days to the examination of the directing physician. This gentleman attempts to prove in his report that M. X. could not have been affected with general paralysis, because that disease always goes on increasing, is never cured, and remissions never occur at the stage to which he has arrived. The inferior court, and the court of

Appeal removed the interdiction, a judiciary counsel only being given to M. X., who was well enough to marry, a few months afterwards.

At the conclusion of our last meeting, Dr. Lasle informed me that M. X. was in a condition of mind that in his opinion left nothing to be desired. If this is correct, his must be a case of recovery from general paralysis. I do not wish that we should enter into any discussion of this case. I only desire to remark that three physicians, in the first place, declared the existence of general paralysis; that two of them verified it anew, seven months afterwards; that the physician of the prefecture certified it at three different times; that the physicians of the asylum, who had the patient under their care during a whole year, also attested it; that three alienist physicians, appointed by the court, gave the same opinion; that two other alienists, to whom were added Drs. Foville and Pinel, shared the same opinion; that notwithstanding four other physicians of incontestible merit thought themselves warranted in affirming, that M. X. never could have been attacked with general paralysis because there actually existed no symptom of that disease which in their opinion was incurable.

This case, of which I have only given a brief outline, goes to show what I wished to prove in relating other cases of general paralysis, namely, that under certain circumstances its diagnosis becomes the more difficult, as the symptoms which characterize it diminish or disappear, to such an extent, that it is impossible to observe any traces of them, and that the disappearance of one set of symptoms may raise a doubt sometimes that there has been general paralysis, at others that there has been mental disorder. If you examine an insane general paralytic during a remission, in which the somatic symptoms have ceased to be manifested, you certainly can not believe in the present existence of general paralysis, but it would not be proper to assert that the patient never had been affected with it. It is the same when the psychical symptoms are no longer manifested, are transient, or are concealed by the patient. We may in such cases, which are more common than has been supposed, commit errors, and may not be able to discover at once the real



physical and mental condition of the patient. Continued attention, successive and frequent examinations, a careful study, not only of the present but of the anterior condition of the patient, are means which can not fail to enlighten conscientious men who are sincerely desirous above all things of getting at the truth.

It has been repeatedly said that general paralysis is incurable. I think that the word incurable ought to be banished from pathology, and from the vocabulary of hospitals. Must we inscribe upon the front of asylums where insane paralytics are received, the despairing words of the celebrated Italian poet?

"Voi qu' intrate lasciate ogni speranza."

Must physicians still remain under the painful belief that all their efforts are, and must ever be in vain? Must it be that without confidence in their prescriptions, their gloomy prognosis must continue to lacerate hearts already too unhappy?

For my part, I have a profound conviction that general paralysis is not beyond the resources of medicine, and I am happy to be able to base my opinion on many incontestible cases of success, and among others on that remarkable one preserved by M. Ferrus, and related in the thesis of M. Lasegue. I hope the time is not distant when we may count on a greater number of cases. I will submit, if I am not mistaken, an example for your consideration.

M. B., an advocate, aged 60 years, entered the 13th of April, 1846, having suffered about 18 years before, an attack of apoplexy, in consequence of which he had incomplete hemiplegia of the right side, which continued to affect the leg. It permitted him, however, to walk, and even to follow the chase. M. B., who up to this time had followed the profession of law with great distinction, no longer pursued the duties of his vocation. He preserved the full integrity of his mental faculties, and was much esteemed in the society he frequented. He was happy in his domestic relations, and was much attached to his wife, by whom he had one daughter.

M. B., who had exhausted the pleasures of life, especially in regard to women, had no sexual intercourse with his wife for about

two years, and it was remarked during this time that he was somewhat sombre and morose. Some months before his entrance into my establishment he became gay and joyous, he experienced frequent erections, and finding that his wife could no longer content him, he resorted to houses of ill-fame, where he gave himself up to sexual excesses. He was attacked with severe priapism, and about the same time showed symptoms of ambitious insanity. The physicians of the town having employed various means without success advised his wife to take him to Paris, and to place him in an asylum for the insane. Seated in the coupé of the diligence with his wife, and daughter, 12 years of age, he never ceased singing and behaving obscenely, and the mother was obliged to put the daughter inside of the coach to spare her the pain of such an exhibition. Left alone with his wife, he stripped himself to his shirt, and during the night had connection a dozen times, with seminal discharges. The day after his arrival in Paris he was brought to my establishment under the idea of going to a distinguished chemist for the purpose of presenting to him his plans for the exploration of a mine of "fossil turpentine," of which he had specimens in his pocket handkerchief.

His condition was as follows: Head hot, principally over the occipital region, face flushed, eyes brilliant, countenance smiling, speech difficult, occasional stammering, loquacity, agitation, obscene conduct, desire to see women, partial paralysis of the right lower extremity, the right arm the same as the left, circulation regular and normal, memory of recent occurrences feeble. The following days the excitement increases, he sings obscene songs, forms insane projects, believes himself immensely rich. He is general, king, emperor, is going to the assistance of Poland with a regiment of cuirassiers, which, after the fashion of the middle ages, he will raise at his own expense. The satyriasis increases; he marries a princess of the blood royal; he cries out, vociferates, calls for young women to satisfy his burning desires; insomnia, incessant loquacity, hallucinations. He talks with girls whom he thinks he holds in his arms; he calls them by name; he is in ecstasy over the happiness, the delight and the pleasure they give him. He expatiates on their charms; he is in a complete intoxication of pleasure.

This state of excitement of the genital organs continues for three weeks, and at length yields under the means employed,—cupæ to the nape of the neck, baths prolonged for five, six, eight or ten hours daily, with the cold douche in a fine shower upon the head during the bath, laxatives, mucilaginous and nitrous drinks, camphorated potions, opiates, and a low diet.

The general paralysis progressed. The patient became filthy; he allowed his excrement and urine to escape in his bed and in his clothing; he rolled in filth; his limbs were weaker, and could scarcely support his weight; he dragged both feet in walking, and his tottering gait became more and more difficult. His speech is embarrassed and tongue tremulous; he is badly nourished and emaciates daily. His legs and feet are œdematous, his eyes are dull, his aspect stupid, his countenance wears a perpetual, silly smile, his sensibility is obtuse, and his memory null. The emotional feelings are almost abolished; he sees his wife and leaves her with indifference; says he is the happiest of men; is incapable of holding or following the slightest conversation. One thing alone occupies and absorbs him; that is the diamonds of which he has discovered a mine in the garden of his division. He passes his time in digging up the ground, and collecting all the pebbles he can find, which he believes are precious stones whose value is incalculable. He picks them out, classifies and puts them away in a part of the garden, to be deposited finally in his collection. The most valuable are placed sometimes in such quantities in his pockets, and in his shirt, of which he forms a kind of bag above his pantaloons, that he is unable to rise from the spot where he is sitting. If his hands are confined he digs the earth with his feet. If he is compelled to leave his mine and his diamonds, he cries, he shows the utmost distress, and begs in mercy to be allowed to return to them. Once there he no longer shrieks, and is perfectly quiet. His urine, which escapes constantly, is so charged with albumen that it is quite milky in its appearance. His filthy habits increase; he has some hours of sleep, but at the dawn of day he wishes to rise. He cries out and knocks for his attendant to open the door so that he may resume his work.

The physical and mental weakness increases; he can not walk without assistance. His appetite is insatiable.

Towards the beginning of August, four months after his admission, he has fever, abdominal pains, dysentery, difficult respiration, severe bronchitis, considerable œdematous swelling of the legs and feet, with erysipelas of the left leg, frequent and small pulse, extreme debility, burning thirst, red and dry tongue, continual delusions, constant gayety, unmeaning laughter, difficult pronunciation, dorsal decubitus, gangrenous eschars on the sacrum and right heel. (Rice-water, starch injections with laudanum, opiated gum-water, poultices over the abdomen, diascordium, wine of quinine, and rich soups.)

Under the influence of this treatment, the symptoms of the intercurrent malady diminished, and toward the end of the month the patient could leave his bed. The insane ideas are of the same character, but more numerous. He is the owner of the château of Randan, belonging to Madame Adelaide; he is worth millions. He continues to be filthy, night and day; is unable to stand, and scarcely to sit. He lies down to gather diamonds, and says that he is the happiest man in the world. His limbs are œdematous, especially in the evening.

About the beginning of September, two cauteries were applied to the neck, cold shower-baths were directed, and the wine of quinine and tonic regimen were continued. His system is better nourished; he is more calm at night, and sleeps better; his evacuations are more under the control of his will, and he is more cleanly in his habits. He has gained flesh and strength, and he is able to walk out. His speech is less embarrassed, but his insanity continues; he wishes to leave the asylum, because he thinks himself well, and expresses his wishes very earnestly. He is somewhat less occupied with his diamonds.

Towards the middle of September, his mind appears less disordered. His conversation is connected, and more rational; his memory is improved; he desires to see his family, and complains that no one comes to visit him. He talks less of his whimsical ideas, which

we have not ceased to combat, and is not so positive in speaking of them. His convictions have been shaken by the frequent conversations we have had together. He sleeps well; the functions are all natural; he is calm, reads, walks out and amuses himself. He still thinks that the pebbles he has collected are diamonds, but does not seek for others, and neglects those which have been gathered. He persists in saying that he is the owner of the château of Randan; writes insane letters to his wife and to his friends; thinks his wife has not left Paris, and pretends that he has seen her and his daughter, and that he has been deceived. Always having had confidence in us, and grateful for the interest we had taken in his welfare, he listened with attention when we attempted to convince him that he had been the sport of numerous illusions and insane ideas, which had prevented the exercise of his rational judgment. We announced to him a letter from his wife, her speedy return to Paris, and her intention of taking him back to his family. Two days later, about the end of September, he received a letter from his wife, and from that moment there was no trace of insanity. He admitted that he had been insane, and declared that he was delivered forever from his delusions, and manifested to us the most lively gratitude. His wife arrived, and he saw her with pleasure. She found him entirely rational; his speech was unembarrassed; his conversation was agreeable and full of amenity. He left on the 10th of October, in a perfectly sane condition of mind, and returned to his native country. During the ten years that elapsed until his death, he continued entirely well, and wrote us many letters to testify his grateful feelings.



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## APPOINTMENT OF GUARDIAN IN CASE OF INSANITY.

GURNSEY CO. (O.) COURT OF COMMON PLEAS.

[*From the Western Law Monthly, February, 1859.*]

In January, 1857, John Cox, by his attorneys, made a motion, in the Probate Court, for the appointment of a guardian for Church Cox, on the ground that he was insane; and two or three affidavits being submitted, the Judge entered upon the journal, that it appeared "to the satisfaction of the Court, from testimony introduced, that Church Cox, from old age, has become of unsound mind, and mentally incapable of managing his affairs;" and thereupon, appointed Thomas Anderson guardian of said Church Cox, who was a man of large property, and at the time residing in the county, and in no way concealed. And it appearing that the plaintiff in error was not brought before the Probate Court, nor in any way notified of the proceeding, it was assigned for error that the Probate Court had no power to make the appointment.

OKEY, J.—Under the English practice, it seems that notice of granting the commission and appointing a committee for a lunatic has not been required. True, the party has a right, if he desires, to be present at the execution of the commission, which issues in all cases unless the property is very small; the commissioners and jury have a right to inspect and examine the supposed lunatic; and as the commission is executed at his residence unless he is concealed or abroad, notice in fact is generally received, and the party is present at the inquest. Indeed, the general rule is to examine the supposed lunatic in some mode. And, moreover, he may, as of right, have a traverse of the inquisition, which is also triable by jury. But Mr. Shelford, in speaking of the fact that notice is not required, remarks that "it is a subject of surprise that any such rule as this should still prevail;" and his reasoning is very conclusive against allowing "a comparatively secret tribunal to sit in judgment upon the actions

and state of mind of a party, without his having an opportunity to prepare his own vindication, and defend himself against the imputation of insanity."—*Shelford on Lunatics*, 102, note.

That cumbersome and very expensive proceeding would be inapplicable in Ohio, where the property of the lunatic is generally small; and it has not been at any time fully adopted in this State. Jurisdiction over the subject was possessed, in turn, by the Judges of Probate, the Courts of Common Pleas, Justices of the Peace and Associate Judges. From the passage of the first act in 1795, until 1850, the question of sanity was in all cases determined by a jury, sometimes composed of twelve men, and at others of no more than five—the jury being summoned before the officer or tribunal, on the application of some person or officer, made verbally under the earlier acts, and afterwards in writing; and from 1815, until 1850, by the provisions of every act, the person alleged to be insane, (unless absent or concealed,) was brought before the court or officer, and the inquest was held in his presence. 1 *Chase* 127, 191, 339, 489; 2 *Ib.* 869, 1009, 1077, 1227, 1318; *Swan*, (old ed.) 567. And in practice the supposed lunatic had the right to call witnesses in his own behalf.

Nor, will it be found, upon a fair examination of the later acts, that any change has been made, as to the right of the supposed lunatic to notice in fact of the proceeding. The act in force at the passage of the act of 1850, (2 *Curwen*, 1554,) was the act of 1838, (*Swan*, old ed., 567,) which, after providing in what manner the party should be brought before an Associate Judge, and the question as to his sanity be determined by a jury, preparatory to his admission into the Lunatic Asylum, enacted that the inquest, preliminary to the appointment of a guardian, should be held in the same manner. The act of 1850—under which, for the first time in the history of our legislation on the subject, a jury was dispensed with—provided that the question as to the sanity of the party should be determined by two Justices of the Peace, upon personal examination of the supposed lunatic, and upon the testimony of witnesses; and although the sections of that act, which provided in what manner

inquests should be held, were enacted with reference to inquests preparatory to the admission of patients into the Lunatic Asylum, and did not, as in the act of 1838, in terms, apply to the proceedings for the appointment of a guardian for a lunatic ; yet they were regarded as being so far analogous, that it appears the uniform practice in the Common Pleas, which had jurisdiction over the subject, was to appoint the guardian on production of the Justices' inquest, if one had been held ; or, if no inquest had been held, to require the supposed lunatic to be brought into Court, if at all practicable, and an inquest to be held there ; and I cannot learn that under the provisions, Sec. 38, empowering the Court to make the appointment "upon satisfactory proof" of the insanity, a guardian was appointed in any case without an inquest being held in some form.

While the act of 1850 was in force, the Probate Code of 1852, (3 *Curwen*, 1717,) conferred upon the Probate Court jurisdiction "in inquests as to lunatics, insane persons and idiots ;" and the Probate Code of 1853, (3 *Curwen*, 2041,) re-enacted in 1854, (*Swan*, 753,) conferred upon the Probate Court exclusive jurisdiction "to make inquests respecting lunatics, insane persons, idiots and deaf and dumb persons, subject by law to guardianship." Nor is the necessity of an inquest taken away by the act of 1856, 53, O. L., 81, which now regulates the relation of guardian for lunatics ; it is only a re-enactment of the act of 1850, modified with reference to the transfer of jurisdiction to the Probate Court. Under this act, inquests are held before the Probate Judge, who, upon affidavit of the insanity, causes the supposed lunatic to be brought before him by warrant, and upon personal examination and the testimony of witnesses, determines the question as to the sanity of the party. And although the sections of the act of 1856, which provide in what manner inquests concerning lunatics shall be held, were enacted, as in the act of 1850, with reference to the admission of patients into a Lunatic Asylum, and do not in terms apply to the proceedings for the appointment of a guardian, which section 41 provides shall be made by the Probate Judge "upon satisfactory proof" of the insanity ; yet the whole act must be taken together, and in connection

with the act which clothes the Court with jurisdiction "to make inquests respecting lunatics," which is still in full force. And as that power to hold "inquests" with respect to lunatics "subject by law to guardianship," has reference to a proceeding sanctioned by the practice of more than forty years, of which the supposed lunatic (unless concealed or abroad) has notice in fact—indeed at which he is present—it is not in the power of the Probate Court to dispense with the notice, if it can, by reasonable diligence, be given.

Doubtless, if by reason of the condition of the party, it should be impracticable to bring him before the Probate Court, a commission could issue, or the inquest be made in some other way. And if the person alleged to be insane should be concealed, a guardian could certainly be appointed upon satisfactory evidence of that fact and of the insanity. But that a guardian can be set over the person and property and minor children of any man, upon *ex-parte* affidavits that he is insane, without any notice to him, and while he is a resident of the county where the appointment is made, and in no way concealed, is probably not in accordance with the approved practice anywhere, and no such power could safely be lodged with any Court. Such a proceeding can in no sense be regarded as an "inquest;" and hence there was not, in this case, "satisfactory proof" of insanity, within the meaning of the act.

It is urged, however, that two provisions of the act of 1856 effectually guard against the infraction of any valuable right of the supposed lunatic. 1. That the party so found to be insane may, under sec. 31, have the benefit of the writ of *habeas corpus*. 2. That under sec. 51, whenever the Probate Judge shall be satisfied that a lunatic is restored to reason, or that letters of guardianship have improperly issued, he shall make an order that the guardianship terminate. But it seems the remedy by *habeas corpus* only applies where the person is actually confined;\* and with respect to both modes of redress, it is perhaps sufficient to say, that the burden of

\* Since the decision in this case was made, the report of the case *ex parte SHAW*, has been published, 7 Ohio St. R. 81, in which it is held that a writ of *habeas corpus* is not adapted to the review, and annulling, as upon a writ of

proof to invalidate the finding of the Judge, is cast upon a party (whose residence in the county was in this instance at all times open and notorious) without giving him a day in Court. Moreover, substantially the same right which the supposed lunatic has under sec. 51, was secured by the act of 1815, and has been continued in force ever since.

The case of *Allis v. Morton and another*, 4 Gray, 63, appears to be much in point. THOMAS, J., in delivering the opinion of the Court, says: "To say one is insane, and therefore need not be notified, is to decide the question before it is tried. Nor would the existence of insanity be a good reason for dispensing with notice. A man may be insane so as to be a fit subject for guardianship, and yet have a sensible opinion and strong feeling upon the question who that guardian shall be. And that opinion and feeling it would be the duty as well as the pleasure of the Court anxiously to consult, as the happiness of the ward and his restoration to health might depend upon it.

"But if the party is wholly demented, yet there are always friends interested in the question, and whom the notice might reach; and the very fact of his incapacity to take care of himself furnishes a strong reason for caution and publicity in all the steps taken.

"The fair construction of secs. 9, 22 of Ch. 79 of the Rev. Sts., taken together, lead to the same result. And if the statutes were wholly silent on the subject, the benignant principles of the common law would require the notice to be given. *Chase v. Hathaway*, 14 Mass. 222." See also *In Re Russel*, 1 Barbour's Ch. R. 38; *Lackey v. Lackey*, 8 B. Monroe, 107.

Order reversed.

error, of final decisions of Courts, and the practice of so applying it has been strongly censured.

The final decision of a Court having competent jurisdiction of the subject and person is final, until reversed by a regular proceeding for that purpose. And a writ of *habeas corpus* is not such a proceeding.—Ed.



## BIBLIOGRAPHICAL.

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The immediate occasion of the special interest of the Association in the legal relations of insanity is probably to be found in the history of the celebrated Huntington case. With the particulars of that case most of our readers are acquainted. A young man, at the height of a most reckless career of fashionable vice, is arraigned for the crime of forgery. Proof as to the facts of forgery is overwhelming, and the plea of insanity is interposed. Two physicians of the first rank in their profession learn the history of the prisoner from his relatives and counsel, examine him very briefly, and under unfavorable circumstances, two or three times while in prison, listen to the evidence at his trial, and afterwards testify to his insanity. They are pressed to name the division of mental disease to which the case belongs, and they use the term "moral insanity." It is not very easy to determine from the evidence of these gentlemen what

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The immediate occasion of the special interest of the Association in the legal relations of insanity is probably to be found in the history of the celebrated Huntington case. With the particulars of that case most of our readers are acquainted. A young man, at the height of a most reckless career of fashionable vice, is arraigned for the crime of forgery. Proof as to the facts of forgery is overwhelming, and the plea of insanity is interposed. Two physicians of the first rank in their profession learn the history of the prisoner from his relatives and counsel, examine him very briefly, and under unfavorable circumstances, two or three times while in prison, listen to the evidence at his trial, and afterwards testify to his insanity. They are pressed to name the division of mental disease to which the case belongs, and they use the term "moral insanity." It is not very easy to determine from the evidence of these gentlemen what

were their exact views regarding moral insanity, as their definitions seem inconsistent with themselves, as well as with each other. They approach those, however, of the materialistic and phrenologic school of Spurzheim and others; and in regard to the nature and relations of mind, are radically unlike those on which society is based and the treatment of disease conducted.

In the general storm of adverse criticism evoked from the popular and medical press by this defense, and the testimony brought to sustain it, Dr. Reese bore a prominent part, and was sustained by the result of the trial, and the sense of the profession and the community. In the heat of a semi-popular debate the merits of the particular case, rather than general propositions, would naturally receive attention. So too would there be some carelessness of language, some possible want of candor in argument, and some bluntness of style. These characteristics are partially retained in this paper, and render it less useful in its place than it otherwise would have been.

What is moral insanity? is the question first asked by the writer. Now, the question to which an answer is wanted by the vast number of medical men is not, What is the moral insanity of the school of phrenologists or ultra somatists? but what is the meaning of the term as used by the authorities in mental medicine; what place has it in a standard classification of mental diseases, and what are its synonyms? Casuists and divines may concern themselves with the former question, but it does not touch the point with which possible medical witnesses are concerned.

In the nosology of mental disease, the latest writers, with but few exceptions, having made mania and dementia the primary divisions of insanity, divide mania into three varieties, corresponding with the divisions of the faculties in mental science; viz., the intellectual, the emotional or moral, and the instinctive or impulsive. That such a division, properly defined and guarded, is a natural and useful one, has been generally admitted. Its advantage over the indefinite sub-division into general and partial mania is seen at once by all who are called to classify cases of mental disorder. It also dis-

courages the use of the term monomania, and permits those who fairly object to ranking melancholia with the grand divisions, mania and dementia, to drop that term, and introduce an intellectual, and an emotional lypemania; while it by no means suggests the admission of special manias, but rather the contrary. But this classification the very writers who use it say, is, like all others of mental disease, almost purely artificial, and useful only for purposes of description. No medical man since the revival of letters ever supposed, so far as we know, that acute mania, chronic mania, or melancholia were affections of separate lobes of the cerebrum, or that they were anything but descriptions of mental states. In the same sense is understood the division into intellectual, emotional or moral, and instinctive insanity, by nearly the whole of the specialty of mental medicine.

To the term moral insanity, or more properly moral mania, there are indeed very grave objections, on account of which it is becoming disused by those especially who have to treat of insanity in its legal and popular aspects. The word "moral" in the popular sense conveys a very different idea from that which attaches to it in mental philosophy, and a few cases similar to that of Huntington, with the writings of certain theorists in psychology, have wrested it so far from its technical meaning, that it is quite unfit for use.

Two other questions from which Dr. Reese proposes to discuss moral insanity, are aimed evidently at the Huntington case, and fall short of reaching the broad view of his subject. They are: "Wherein does 'moral insanity' differ from 'moral depravity,' in any case in which 'intellectual insanity' does not co-exist?" "If insanity, whether intellectual or moral, be the result of physical disease of the brain, either functional or structural, are not the distinctions into partial or monomaniacal insanity, into mental and moral, wholly fabulous and visionary?"

That the moral insanity of the phrenologists can in no way be distinguished from wickedness and criminality is certain. Of the nature and use of the classification referred to, enough has been already said. In commenting upon the latter, however, many perti-



ment and valuable suggestions are made to the medical witness. We can give only the following paragraph:

"There is assuredly no more important or responsible position in which any medical man can be placed, than when called to be examined before a legal tribunal in a case of this character. Nor is there any duty so difficult to perform, without special preparation, by a cautious and diligent investigation of the individual case, and a full knowledge of its history, its etiology, its symptomatology, and, in short, its pathological phenomena, with the periods and order of their development, together with all the morbid perversions, intellectual, moral, or instinctive, which he can observe, or otherwise authenticate. Nor should an opinion ever be given by a medical man, in any doubtful case, on a cursory or brief examination, nor without such special preparation and repeated interviews as to protect him from his double liability to imposition and error. The insanity may be, and often is feigned so skillfully as to deceive the very elect; while, where it exists, it is sometimes so adroitly concealed by ingenuity and artifices which insanity itself can alone invent, and which none but professional experts can readily detect, and these only after off-repeated and continuous vigilance and skill. Hence, we cannot be too strongly impressed with the complicated difficulties and fearful responsibilities involved in such professional positions.

Again, we find Dr. Reese soundly rebuking those physicians who deny the possibility of forming a perfect definition or test of insanity, and refuse to admit any of the various judicial dogmas, as the "right and wrong" test, the "delusion" test, etc. Yet he ventures to propose "a test and definition of insanity, as hypothetical merely, and which may be taken for what it is worth," viz *"A disease of the brain, by reason of which the functions of the mind are disturbed, and perverted, or alienated, without the consciousness of the intellectual and moral change which has occurred."*

In medicine this definition can not be accepted, as it would include under one name every form of cerebral disease in which mental derangement might be a symptom. Diseases are only known by their connection with an organic lesion or by a disturbance of function. Thus, "softening of the brain;" "typhoid fever." Is it proper, then, to say; "A disease of the brain by reason of which," &c.? We do not say that inflammation is a disease, by reason of which heat, redness, &c., are produced. The second part of this definition

no one of the most moderate experience of the insane can ever make use of. A more or less perfect consciousness of an intellectual and emotional change, is nearer the rule than the exception in cases of insanity.

But we have done with criticism, and only yield to it that a too confident reliance upon the writer's theory of medical testimony in insanity, may not prevent the observance of that caution by his readers, which is not so essential in a practiced and powerful reasoner like Dr. Reese. The practical lesson urged upon medical witnesses in this report is indeed one of the first importance, and needs no abler exponent than its author. It is, that insanity, in a legal view, is a matter of fact, to be determined by common and expert sense, by patient and prolonged observation in each particular case, and without reference to systems of nosology, or hypotheses of cerebral function.

The Report of Dr. Coventry, on the Medical Jurisprudence of Insanity, is quite unlike, both in plan and execution, that on Moral Insanity. It is designed to place before the medical profession of the United States, a theory of insanity in accordance with the recognized authorities in mental medicine, its relations to law as deduced from the charges and decisions of courts, and the practical duties of medical witnesses in cases where the mental condition is the subject of judicial inquiry. The advantage to be expected from a practical treatise of this kind among the Reports of the Association, has been already indicated in this notice. The paper, as a whole, is well fitted to its purpose. It is concise, while at the same time in a practical view exhaustive. It is not too technical in its references to metaphysics, medicine, or law. Dr. Coventry has had a long and extensive acquaintance with his theme as a professional teacher, as an expert in insanity before courts, and as a writer in its various departments. These qualifications are not too great for a thorough and practical digest of authorities on this subject; and perhaps the writer has best served the purpose of his essay in confining himself mainly to such a task. Yet Dr. Coventry is one from whom we should like on some fitting occasion to learn, more particularly, the

results of his own wide experience and critical investigation in this field of medico-legal inquiry.

Reforms of every kind are indeed slow in their progress. Not that they are slow in being recognized, and assented to in theory, but in being practically adopted and carried out. The world rings with the praise of their author, and is filled with the possible benefits to be derived from his labors, centuries it may be, before their practical good results are felt throughout his own country or race. Dr. Coventry says truly, that "the legal relations of insanity, and the responsibility for supposed crime are as uncertain and unsettled as in the time of Blackstone or Lord Coke." This is because so comparatively little of the great light shed upon the subject of mental disease and its relations to human responsibility, during the past century, has yet penetrated the popular understanding, and the dogmas and precedents of the courts. But though slow in their progress "reforms never go backwards;" and the essay of Dr. Coventry is only one of many recent and valuable efforts to meet an increasing interest in insanity and its legal relations.

Among the principal hindrances to the ends of truth and justice, in the distinctions between sanity and insanity before the law, have been the persistent though always futile attempts of the courts to lay down a rigid test of insanity, and to draw forth from medical witnesses a perfect definition of it. Though equally unsuccessful, the former effort has been much the more serious in its ill results. This purpose, to erect a logical test of insanity, conceived in the deepest ignorance of its nature, and under the most superficial observation of its phenomena, yet insisted on to this day, has afforded to thousands, of less experience than Dr. C., instances as pitiable and disgraceful as those he presents.

"I have seen," he says, "weeks spent in the trial of a poor demented being, who seemed totally unconscious of what was going on, and who scarcely had the intelligence of a dog. One witness testified that he believed he had the intelligence of an ordinary child of five years, but was not insane. On such testimony the prisoner was convicted of murder, but died in prison." A *post-mortem* examination revealed extensive disease of the brain. In another case,

the prisoner, scarcely more intelligent, was convicted of murder, and hung. In a third case, the prisoner was convicted of murder, but the judge, instead of sentencing him, sent him to the asylum, where he still remains hopelessly insane.

Dr. C. treats as of no special importance the attempt to define insanity, and denies that any line of demarcation can be drawn between sanity and insanity. "No single principle" says he, "as a knowledge of right and wrong, of the presence or absence of delusion, or of resistless, uncontrollable impulse, can be adopted as applicable to all cases." This is certainly a most safe, and, in its practical bearings, valuable starting-point from which to enter upon a treatise for medical witnesses in insanity. We would not, however, pause here in such a discussion. The sanity or insanity of one whose case is under legal investigation, is his responsibility, or his irresponsibility—rather his punishability or non-punishability—his capacity or his incapacity. The medical man does not form an opinion in such cases, apart from these considerations, and he could not if he would. They are foremost with him in all cases presented; are primary and inseparable from other considerations, and enter into all his plans of treatment. Insanity, in a purely medical sense, is a hypothetical form of bodily disease. To the term are referred only those cases in which mental derangement exists, and in which no organic lesion or other proximate cause can be determined. Thus, softening of the brain, sun-stroke, fracture of the skull, fevers, and alcoholic and other poisoning, are not insanity, though more or less connected with derangement of mind. How can it be thought for a moment that this classification has anything to do with the question of responsibility in any case? A practical acquaintance with the phenomena of mental disorder, and the hearing of facts in the medical history of a case, can only be brought to bear directly upon the prime question of responsibility. Insanity in any case is irresponsibility, or incapacity, in such a case. And yet we are asked to define insanity before the courts!

We accept, then, the law of this State, without the unnecessary and impracticable interpretation attached: "No act done in a state

of insanity can be punished as an offense; in which has been inserted by the courts, after the word "insanity," the clause, "in respect to such act." That he has omitted to prefer this position, the logical consequence of his first principles,—that insanity is not capable of definition on the one hand, or of test on the other,—it seems to us has led the writer into contradictions like the following, in which he says:

"In all civilized countries, from the earliest ages to the present day, persons laboring under insanity, have been considered irresponsible agents."

And again:

"Many insane persons are justly held as responsible for their acts as those who are sane."

The pathology of insanity, Dr. C. would seem to found upon the hypothesis of Spurzheim and his school, that "the brain is a congeries of organs; and hence that each mental faculty may be disordered by disease of the brain, while others are not affected." We are aware of the speciousness of the arguments used to sustain this hypothesis, but must remember that it is only an hypothesis. Since the doctrines of phrenology were first advanced by their authors almost nothing has been added in their support, and they have been left to the base uses of social radicals, and medical empirics. We wish to submit simply that these are not a safe basis upon which to found a theory of insanity that shall withstand the severe tests of a criminal trial. For every physiological fact brought forward in the support of separate organs for the several faculties, a thousand can be brought against the theory. The facts in cerebral pathology are still more entirely against the phrenological hypothesis. Many physicians of insane asylums pass their lives without a case of presumed insanity of a single faculty ever being presented. No one of the editors of this journal has ever witnessed such a case, nor has their attention ever been called to an unquestionable instance of the kind in the experience of others.

The classification of insanity adopted is that of Dr. Guy, author of a late treatise on medical jurisprudence. Its primary division is



that made at the present day, and contrasts *amentia* and *dementia* with *mania*. "Idiocy and imbecility are divisions of *amentia*. Two classes of *dementia* are made; the one consequent on *mania*, mental shocks, or injuries of the brain; the other from old age. We should admit another as an important variety. Primary *dementia* is a frequent form of mental disease, occurring mostly in cases of hereditary predisposition, and following the prolonged operation of depressing causes. *Mania* is divided into general, intellectual, and moral; the two latter of which are severally divided into general and partial.

We referred at the commencement of this notice to the opposite theories of mind from which the two papers had been written. It will not be supposed by any reader of Dr. Coventry's essay that he denies the distinction between vice and disease, and the justice of punishment. He is indeed careful to guard against such conclusions in others. What we shall venture to criticise, then, is not so much the theory as entertained by the writer, but the admission into it of terms and definitions certain to lead to false views and conclusions in those having no special acquaintance with the subject. We may be thought hypercritical in attaching so much importance to the theory and classification of insanity. But we remember for whom these papers have been written. The mass of medical practitioners can have but little practical experience of mental disease, and will be greatly influenced by these theoretical divisions. It is not certain that the medical witnesses in the Huntington case would have made their unfortunate error in diagnosis but for the admission by authorities of a "moral insanity," which they could not apprehend in the sense given it by experts in insanity. Although we are convinced that this theory would not have warped the estimate of this, or perhaps any case of questioned insanity, by their distinguished friend who is its chief advocate in this country, and cannot but be to blame for asserting our belief, then, that disease manifested in any faculty of the mind forbids the healthful action of the other faculties, we may, as has been said before, admit the convenience of the term emotional or affective *mania*. The division of this class into the

numberless special manias that have been proposed, however, we consider an entirely useless and undesirable refinement. The term *papyromania*, jeeringly proposed by Dr. Reese to designate a mania for "making notes," is scarcely less absurd than those proposed for a stealing mania, a lying mania, a burning mania, a mania of pride, &c. The dispositions thus indicated, when really connected with insanity, occur in the most various forms and stages of the disease, have no fixed relations to other symptoms, and are in every way accidental and unworthy the importance of a special name.

The tests or characteristics of insanity are noticed in a few paragraphs. "The insane," it is remarked, "notwithstanding their proverbial cunning are easily imposed upon." The popular belief in the superior cunning of madmen, like that in single and special manias, is founded upon extraordinary and exaggerated cases, and as a rule is entirely erroneous. We are in the habit of witnessing, almost daily, patients brought to an asylum by persons who are excessively pleased with themselves at having successfully deceived their companion through some absurd account of their purpose, destination, &c. The patient so easily "deceived," in most cases is unable to fix his attention for more than an instant upon any one subject, and he yields to the control of a firm and direct purpose from a partial consciousness of the morbid and dangerous nature of his impulses and fancies. "Insane patients are often conscious of their condition," says the writer, "and understand the legal relations in which they are placed."

In regard to the extent of criminality and responsibility in cases of insanity, "it must be evident," says Dr. C., "that there is no particular standard by which the criminality of an act can be judged." This conclusion is derived from a previous consideration of the characteristics of insanity, and is abundantly justified by reason and authority. It seems just as clear that there can be no general test of the limit as to personal liberty, testamentary or business capacity in insane persons. The matter of the personal liberty of the insane is one which, in this country, is almost entirely without the notice of the courts. The cure of a disease is properly the first consideration

in cases of insanity, and the laws regulating the control of property, as well as the administration of asylums for the insane, are such that the domestic and social interests are safely relied upon to determine the question of seclusion and control. The legal aspects of these questions are, however, presented not necessarily in accordance with the views of the writer, but those which have a preponderance of judicial authority. The test of incapacity to distinguish between right and wrong, still sometimes claimed as a general test, is in the present state of medical science worthy of that dementia to the most marked cases of which it can only be applied. There can be no doubt that this has lost its force as a precedent. Yet in cases not of dementia or acute mania, the existence of insane delusion is still insufficient to exempt from responsibility before the courts. Dr. Coe does not dissent from this, but his remarks as to its application have nearly the same effect. We must be permitted, with the editor of the *Journal of Mental Science*, to whom he refers, to reject this, as all other tests in any degree general, of responsibility under mental disease.

Under the discussion as to the degree of insanity necessary to excuse from crime, arises the nice question of homicidal mania. We object, as before, to the use of the term. Homicidal manifestations may appear in the earlier and latter stages of all the forms of mania. They may proceed from distinct delusions, hidden under a taciturn and reserved bearing until some trifling circumstance brings on the paroxysm. They may take place during a temporary loss of consciousness, from poisons of various kinds, convulsive disease, or other powerful depressing agents; or together with those of indiscriminate violence at the height of general mania. In hysteria, drunkenness, and other border-lands of insanity, they are more frequent than under any other conditions. Lastly, very rare cases of homicide, not obviously related to any of these, are detailed in the books, but are to be received with great caution. What is there in all this to justify the use of a name, worse than useless even for purposes of description, and for the medical witness a vexatious and dangerous term? We agree with Dr. Bucknill, who is cited in this connection:

"The testimony in favor of the existence of such a variety is very scanty and unsatisfactory; and it is improbable that the cerebro-mental disease can develop itself in so sudden a manner. It is probable that the cases of insanity which have been placed under this head were less recent and sudden than they were supposed to be. The earlier stages of diseased feeling had been unobserved by others, and unacknowledged by the patient."

Dr. Coventry holds to the doctrine of impulsive insanity, but remarks upon the above:

"When we come to examine the opinion expressed by Dr. B., it will not be found so adverse to the received opinion as we might at first suppose. That such cases are of frequent occurrence, the testimony is ample. Dr. B. thinks it one of the forms of development of pre-existing disease. No writers, so far as our knowledge extends, have ever supposed that the disease of which the homicidal paroxysm was but the expression, occurred so suddenly but that the patient had the art or power to conceal it, until it suddenly burst forth."

The concluding and more practical portion of the paper, upon the testimony of skilled witnesses in courts of justice, embodying the results of the author's own observation and experience, is the most valuable and unexceptionable of the whole. Suggestions to the medical witness as to the formation of an opinion, as to the giving of evidence, and numerous others of importance, which could come from no one who had not a thorough practical experience of the court-room, are minutely given. His comments upon the present legal provisions for the attendance of medical witnesses, and particularly that for their being summoned by the respective parties to the trial, well deserve attention.

"In most cases, however, the physician is called on to testify both as an ordinary and as a skilled witness, *i. e.*, to testify to the facts, and to express an opinion as to the deductions to be drawn from the facts. It is customary on the trial for both parties to call witnesses, simply as experts or skilled witnesses; who, after hearing the testimony as to the facts, are to give an opinion as to the deductions to be drawn from them, as in the above case; after hearing the description of the wound, he gives an opinion as to the ordinary effect of such a wound, but not whether it was the cause of death in the particular case. This is a matter which belongs to the jury. In a case of suspected insanity the witness hears the testimony, and then states to

the jury, what in the testimony goes to prove or disprove the supposition of insanity. It is the custom in this country for both parties to summon as many persons as skilled witnesses as they please, and the numbers depend upon the interest of the case, the difficulties involved, or the zeal and energy of the respective counsel. Any medical man may be summoned as a skilled witness.

"Though the law requires that a medical man when subpoenaed should attend the court for the purpose of giving his testimony, there is no provision made for paying him for his time and services, or even defraying his necessary expenses. If a medical man has a knowledge of any facts connected with the case, it is his duty—as that of any other good citizen—to attend court and give his testimony. I am, however, unable to see on what grounds a medical man is required to attend the court, and hear the testimony, in order to qualify himself to form an opinion, and then to testify before the court. It would be just as consistent to require legal gentlemen to attend the court, hear the testimony, and then aid the court with the benefit of their opinion. If the attendance of medical men as experts is really necessary, they should be designated by the court, and not by the respective parties, and should not only receive a reasonable compensation for their professional services, but should be protected from insult and abuse from the counsel on the respective sides.

"The present system of permitting both parties to summon as many witnesses, and whom they please, is not only oppressive to the witnesses, but wastes the time of the court, prolongs the trial, and serves no useful purpose whatever. Of course neither party would call a witness to the stand without knowing something of what he will testify to, and the consequence is, that a dozen witnesses on the respective sides are arrayed against each other, and it is not unfrequent that the ingenuity of the counsel on the respective sides, is more engaged in picking flaws in the testimony of the adversary's witnesses, than in elucidating the truth or justice of the case. The jury, instead of being enlightened, is only confused by the conflicting testimony of the witnesses. The only security for the medical witness, when called as an expert—if he does not choose to testify—is not to acquire the necessary information, and when called to the stand, to say he knows nothing about it, or that he has formed no opinion."



## SUMMARY.

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DR. LEGRAND DU SAULLE ON THE USE OF OPIUM IN MANIA.—The January number of the *Annales Médico-Psychologiques* opens with an interesting article, from the pen of M. Le Dr. Legrand du Saulle, on the employment of opium in cases of mania. We shall endeavor to give the substance, only, of this well-written paper.

The doctor alludes in the outset to the unjustifiable ostracism, which, in French practice, so long proscribed the use of opium as a curative agent in cases of delirium and maniacal excitement, while the physicians of Germany and England were obtaining from that use excellent results. Though much has been done of late, in France, to make the value of opium in mania better known, he still thinks that there is much uncertainty among the practitioners, in regard to the mode of administering the same. It is to this point, especially, that he calls attention.

As long ago as 1851, his own attention had been given especially to the subject of this remedy, at the Lunatic Asylum of Dijon, then under the able direction of Dr. Dumesnil. "So often," says he, "did I witness its curative powers, sometimes even in cases of chronic mania which had resisted all the ordinary appliances of therapeutic skill, as to become deeply convinced that this remedy must hereafter hold an important place in the treatment of maniacal excitement."

Before proceeding to the recital of cases, our doctor lays down his grand rule for the use of opium in insanity. No good can be expected from this drug, unless its administration is followed at first by an aggravation of the symptoms. In no instance has he known the narcotic agent to fail, when the patient under its influence has manifested such exaggeration. If depression, and not excitement, follow the prescription, it must be discontinued. The use, under such circumstances, will be injurious.

It was in daily increasing doses that Dr. Dumesnil and his assistants were in the habit of administering opium.

*Case I.*—Marie C. is a young girl of 20 years, of uncommon beauty, a strong constitution, and habitual good health.

Left an orphan in her childhood, she had been received into a kind family and was trained to good habits. But at the age of sixteen she abandoned her home, and followed to Paris a young student of law. A year later, deserted by her lover, and already a mother, she returned to Dijon, her birth-place, and, having placed her infant under the care of an old woman, became a domestic in the house of a magistrate.

Here for three years her life was irreproachable, when suddenly, without inherited tendency or perceptible cause, she had a violent attack of acute mania. She rushed from the house half naked, and ran through the streets, singing and laughing and committing all sorts of extravagance. Finally entering a barrack of infantry, she loudly demanded employment as a sutler. She was taken up by the police, and placed at once in the public asylum for the insane.

The following morning, Dec. 2nd, 1851, Marie is in a highly excited state. She has the strangest notions, sings obscene verses, laughs loud and long, and spits in our faces. She takes, during the day, a bath for two hours.

Dec. 3. On rising, Marie broke eight panes in the window of her room, wounding herself in the wrist. Being placed in a cell, she tried to break the door by kicking at it, and then, with piercing shrieks rolled on the floor. To-day she was kept for three hours in a bath of 27 deg.

Dec. 4. The excitement continues. We succeed in getting her to drink a bottle of Seidiltz. Dec. 5. The excitement increases. Draught, containing  $2\frac{1}{2}$  centigrammes of gummy extract of opium. Dec. 6. Same condition—same draught. Dec. 7. 5 centigrammes of the opium. Dec. 8. The excitement greater than yesterday. Prescription,  $7\frac{1}{2}$  centigrammes.

Dec. 9. The exasperation of our patient still more marked.

This morning she tore the veil of a Sister of Charity, and abused the nurses. Even the strait-waistcoat, which she tries to rend with her teeth, can hardly hold her. During the day 10 centigrammes of opium. Dec. 11. Increasing agitation: 15 centigrammes. Dec. 13. 17½ centigrammes to-day. Dec. 15. The maniacal paroxysm has evidently reached its height. Dec. 16. The opium is discontinued. Dec. 20. Marie is quite calm; she tries to collect her scattered thoughts; but as yet with but little success.

Dec. 25. Our young girl improves daily. This morning I found her singing a religious hymn, while she hemmed a pocket-handkerchief.

Being questioned by the superintendent, she says she has a perfect recollection of the crisis through which she has just passed. She seems ashamed of it, and tries to excuse herself.

Dec. 30. Her calmness continues, and her mind is perfectly clear. She works in the sewing-room; is sufficiently cheerful; sometimes sings a ballad; entertains and comforts her companions, and is kind to every body.

Jan. 14, 1852. Marie leaves the asylum completely cured.

March 25. So beautiful a cure *ought* to last—and it *does* last. Marie has just entered the asylum as a nurse.

Case II. M. F., 44 years old, is a trader in a little town of the Côte d'Or. The loss of a beloved daughter, and other troubles, had been followed by despair and madness. He entered the asylum April 27, 1851. His treatment dates from the 1st of May. He is violently excited—talks, sings, shouts, thinks himself a bishop, and bestows his benedictions upon every body. Being questioned, he says his head is squeezed by an invisible vice, and that the thunder all comes from his brain. A fresh bath for two hours.

May 2. A bottle of Seidlitz. May 3. Dose of opium, 5 centigr. May 5. Increased excitement; 7½ centigr. May 7. More and more excited; 7½ centigr. May 9. F., this morning, struck one of the nurses, and tore his clothes; 12½ centigr. May 11. 15 cent. May 13. Three persons, with some difficulty, put him in the strait-jacket; 17½ centigr. May 15. Excitement still increasing; 20 centigr. May

17. Indescribable agitation;  $22\frac{1}{2}$  centigr. May 19. Same condition; 25 centigr. May 21. The medicine is stopped. May 27. The jacket is off, and he is walking in the court, tolerably calm. He has filled his pockets with little stones, which he considers very valuable. May 31. After some time in the bath, he came out perfectly calm. June 6. Reason nearly restored. June 15. Better and better; works in the garden. June 20. Our convalescent feels sad; he begins to be anxious about his business, and wishes to see his wife. June 27. Madame F. came to see her husband, and had a long talk with him. F. told her he would not leave the asylum until the doctor was fully convinced of his cure. July 15. F. leaves the asylum in a perfectly satisfactory condition, both physical and mental.

*Case III.*—Victor C. de B., 35 years old, is a captain of infantry, in the French army. He is tall, of sanguine temperament, with a strong constitution. His father, a general officer, had become deranged. Victor had been educated at the military schools of La Flèche and St. Cyr, and was a man of fine talents, and large and various learning. At the age of 27, he had been ordered to Algeria, where he took an active part in the war, and gave such proofs of his bravery that he was constantly selected for hazardous enterprises. In the loneliness and isolation to which he was thus condemned, he fell into habits of gross intemperance, drinking coffee, rum, and absinthe to great excess. Under this influence, he became so irritable and quarrelsome, that he was compelled to change his command. Scarcely had he entered on his duties in the garrison at Algiers, when evident proofs of insanity compelled his removal. He was sent to Marseilles for the purpose of being placed in a hospital. Hardly had he landed in that city, when he escaped from his keepers, and after various adventures, found his way to Dijon. His strange conduct soon led to his being conveyed to the asylum. This was on the 3rd of July, 1861. Then and there he appeared as follows: talks incessantly; gesticulates with violence; utters the most incoherent thoughts; his eye is somewhat wild, with pupil evidently dilated; his complexion is pallid; his tongue dry; his pulse quick.

July 4. Less excited; a bath of four hours. July 5. The patient is harrassed by illusions of sight and of hearing. He sees the face of Christ under every tree, and has just heard a voice announce the death of his sister. The tidings affect him deeply. We try to convince him of his mistake, but in vain. He puts no credit in our statements, but weeps, mourns, laughs, sings, and threatens to choke the first person that comes near him. A bath of five hours, with the shower in addition. July 6. Victor is violently excited; has had no sleep, but was kicking all night, at the door of his chamber. "These," said he, "are balls, and I am hurling them against the Bedouins;" a bottle of Seidlitz water. July 7. The purgative of yesterday having had no effect, he takes 45 grammes of castor oil. An abundant evacuation leaves the patient more calm. July 8. Walking with an attendant through the garden, he frequently bends his knee in the presence of Christ, whom he sees between two trees. July 9. Victor keeps his bed; complains of a severe headache; his face is florid, and the temporal artery beats with violence. I took 400 grammes of blood from his foot. (This mode of bleeding was practised, says the writer, by M. Dumesnil, in the case of insane persons, with great success.) July 10. The patient is calm; has rested some during the night. He says the blessed Virgin came to see him, and, placing at his feet the colors of his regiment, made him swear to show henceforth in his religious duties, the same zeal and fidelity which he had manifested in military service. He takes some food, and has, at his own request, a ptisan of wine.

From the 11th to the 15th of July, the excitement is again on. Baths, showers, and purgatives are resorted to, but without effect. July 16. Our captain is in a high state of excitement. As he had pledged his honor as an officer to take whatever should be prescribed, the physician ordered extract of opium, 5 centigrammes. July 18. Same excitement; 10 centigr. July 20. The patient has been violent; the strait jacket is applied; 15 centigr. of opium. July 23. We put the captain into a cell, he was so violent. July 24. He exhibits wonderful volubility, and marches with dignity up and down the court. July 25. On visiting the captain, we find him washing



his face with urine ; 20 centigr's are given. July 28. The patient talks, shouts, and sings, with an astonishing power of voice. He has a good appetite, but gets no sleep ; 25 centigr. Aug. 1. Victor tries to imitate the barking of a big dog in the neighborhood ; 30 centigr. to-day. Aug. 4. Our poor officer goes on all fours, sometimes howling, and sometimes roaring ; 35 centigr. Aug. 6. The exasperation being at its height, the opium is stopped. Aug. 7-10. No appreciable change. Aug. 11. Bath for three hours. Aug. 13. The patient keeps his bed, and seems worn out with fatigue. Aug. 14, 15. Strength prostrated ; the appetite gone. Aug. 16. Saline cathartic given. Aug. 17. Victor is perfectly calm ; he has no idea where he is, and remembers nothing. Sometimes he talks quite rationally ; and then all at random. Aug. 20. His ideas are not yet clear, and he shews a tendency to melancholy. Aug. 25. More cheerful than he was. He exerts himself to recover his reason, and is delighted to hear from us that his recovery is certain.

During the months of September and October, Capt. Victor C. de B. continued in the asylum, a convalescent. He was on the best terms with all the officers and attendants of the asylum ; he went out frequently ; and spent several hours a day in drawing, in which he evinced much talent.

We conversed with him daily on topics of interest, but could discover no trace remaining of his recent malady. The full flow of his conversation showed an active and brilliant intellect, a sound judgment, and astonishing powers of memory.

His military superiors were informed of the cure, but refused a furlough of three months until he had been examined by a commission of lunacy, and full satisfaction was obtained. At the end of his furlough, he rejoined his regiment, then in Corsica.

Aug. 15, 1853. M. Victor C. de B. is named a chevalier of the Legion of Honor, and is nominated for the command of a battalion.

*Case V.*—Augustine L., 38 years old, the wife of a tailor, came to the asylum, June 26, in a high state of excitement. Bathing, showering, purgatives, and other approved remedies were tried in

vain, for two months. The excitement was unabated, and she was regarded as a case of chronic mania. Through September little was done for her; and there was no change in her condition. The opium treatment was then resolved on; beginning with 3 centigr., and raising the dose at length to 25 centigr. During the time her excitement was greatly increased, but rapidly subsided when the opium was stopped. By the first of November, she was calm, and evidently recovering. On the 2nd of January we sent her back to her children, happy and well. To this day there has been no return of the malady.

Case VII. Mademoiselle Arnance M., of Alfort, 20 years old; is a brunette, with bright, black eyes, and a light, airy figure. Her disposition was lively; her health had been always good; and there was no insanity in the family.

She was sought in marriage by a young man, of whose attachment she was convinced, and whom she fondly loved. But at the drawing of the marriage contracts, a dispute arose between the families, and the engagement was broken. This unhappy event plunged her into grief, which was soon aggravated by the news that her late lover had left Paris with the fixed resolution never to return. Mademoiselle Arnance, tired of life, tried to starve herself to death. Thwarted in this, she resorted to suffocation; but a careful watch frustrated every attempt. In the mean time, she complained of pains in her throat and head, and of palpitation at the heart. On the 21st February, 1853, she was taken to Charenton, as an insane patient. At that time she was constantly troubled with illusions of sight and hearing. She had wounded her wrist in breaking a pane of glass, and I applied a dressing. As I was thus engaged, she took me for her lover, and went into a paroxysm of violent agitation.

The next morning she was visited by Dr. Calmeil, the head physician. All night, she had been singing, and banging the doors. To every question, she gave an incoherent or surly answer. A bath of 27 deg., and a cathartic pill, were prescribed. This course was continued for five days, without benefit. At my urgent request, M.

Calmeil gave her, one morning, 5 centigrammes of opium, and continued the dose for a week, increasing the quantity to 15 centigr. As her excitement plainly increased under this regimen, my distinguished superior, (unable to confide in a treatment, which only seemed to make matters worse,) arrested the opium; calling my attention to the failure of the experiment. My faith, however, was unshaken. The medicine, though stopped, had already produced an action encouraging to me; and I expressed to M. Calmeil my belief that the patient would soon recover.

I was right. Mademoiselle Armance grew more tranquil from day to day; left, soon after, her close cell, and joined the quiet patients, among whom she worked, or occupied herself with music. Though a little sad at first, she grew cheerful as she grew better; nor, was it long, before we saw her join the merry dance on Sunday evenings in the Hospital saloons. She left the asylum, perfectly well.

Satisfactory as this result was to me, I cannot say that it was equally convincing to the mind of M. Calmeil. He regarded it as a common case of mania, which had ended fortunately; that the cure, supervening on the use of the narcotic, was an accidental coincidence,—and the malady passed off *in spite* of the opium. Though no one appreciates more highly than I do, M. Calmeil's abilities, or would render greater deference to his judgment, I must still believe that there was something more than a mere coincidence in this case of Mademoiselle Armance.

*Case VIII.*—Catharine L. is a poor woman from the country. She is 66 years old, and has been in the Dijon Asylum five or six years. She has been long a widow, and in consequence of her intemperance became an object of disgust to her children, who all left her. Finding herself at length in utter poverty, a beggar, and despised by every body, she lost her reason.

From the day of her coming to the asylum, Catharine has remained among the violent patients. A fierce excitement has constantly impelled her to heap the grossest insults on the hospital attendants; often she would hurl whatever lay at hand at the heads of other pa-

vain, for two months. The excitement was unabated, and she was regarded as a case of chronic mania. Through September little was done for her, and there was no change in her condition. The opium treatment was then resolved on; beginning with 3 centigr., and raising the dose at length to 25 centigr. During the time her excitement was greatly increased, but rapidly subsided when the opium was stopped. By the first of November, she was calm, and evidently recovering. On the 2nd of January we sent her back to her children, happy and well. To this day there has been no return of the malady.

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From the day of her coming to the asylum, Catharine has remained among the violent patients. A fierce excitement has constantly impelled her to heap the grossest insults on the hospital attendants; often she would hurl whatever lay at hand at the heads of other pa-



tients. If, by way of punishment, she was placed for a day in confinement, her vociferation was loud and incessant; crying, till she was hoarse, "*A l' assassin !*"

This woman, whose days knew no rest, and whose nights were sleepless, had, at the first, been treated with great care by the worthy Professor Dugast, then the medical director of the asylum. The resources of art having all failed, Catharine, regarded as a subject of chronic mania, was set down as incurable.

On the 1st of September, 1851, Catharine took five drops of Sydenham's laudanum. A drop per day was added to the dose until the 4th of November, when it amounted to 65 drops. It was then discontinued.

At no former period had she shown greater excitement, than during the two months she was under the opium. So violent were the paroxysms of her madness, that it was necessary to keep her constantly in the strait-jacket. She ate little, slept none. Night and day, her shrieks were mingled with abuse, imprecations, blasphemies, and filthy talk. Nothing could surpass her volubility, while every gush of words was accompanied by an extraordinary flow of saliva.

With the stopping of the laudanum the patient became less excited, and gradually grew calm. An almost entire loss of voice, due probably to the treatment, followed this long and terrible crisis, during which the previous excitement had been so much increased by the narcotic application. She not only recovered from this, but was completely restored to reason.

We informed her family of this remarkable and hardly expected result, and invited them to come and see her. She left the asylum perfectly well, reconciled to her children, and in their affectionate care.

More than forty insane persons recovered their reason, in the year 1851 at the asylum in Dijon, under the use of opium. In reference to the employment of this article, Esquirol makes the following statement. "A young person was cured of her insanity by swallowing an unguent that contained at least 24 grains of opium. The

circumstance attracted the attention of medical men to the efficacy of narcotics in mental disease. They do not answer for plethoric patients. Though Morgagni and Valsalva forbid opium, the latter tells us that he had cured many of mania by giving them an infusion of poppy. Doctors Sutton and Péry have found opium efficacious with maniacs, who suffered from thirst and sleeplessness."

Esquirol's statement in regard to giving this drug to persons of a robust and sanguine temperament, is confirmed by Dr. Legrand du Saulle. Where this objection does not exist, and where there is no strong hereditary tendency to contend with, there are many chances in favor of opium, if the maniac be taken in hand early. And even when the disorder has seemingly passed into the chronic state, after an unavailing use of all the ordinary means, opium *may* prove the agent of cure. The chances, indeed, of success, are not many, in cases of long standing; but our eighth example shows there is a chance.

Dr. Legrand du Saulle thinks there is danger of becoming too soon discouraged in regard to the curability of insane patients, and that this is an error into which the managers of asylums often fall. If the attentions of the first few weeks, or first few months, bring no apparent improvement, the inmate ceases to be treated as a patient, and is no longer, strictly speaking, under *medical* care. The difficulty of deciding exactly where incurability begins, should make the physician cautious how he decides such a point.

The Doctor's mode of procedure, is given as follows :

"Having questioned the patient, and obtained from others, such information as can be had, I send him to the bath. The next day I order a cathartic. After the proper application of these preparatory means, I prescribe a dose of 120 grammes, containing (as the case may require)  $2\frac{1}{2}$  or 5 centigrammes of the gummy extract of opium, to be taken in the course of twenty-four hours. Every two days I add  $2\frac{1}{2}$  centigrammes to the dose, until it reaches to 20, 30, 40, or 50 centigrammes. The rate of progressive increase and its extent, must be regulated by the comparative excitement of the patient. When that has reached what I believe to be its extreme point, I stop the medicine, and await the issue. From this moment, the pathologic symptoms usually improve—and, in a period varying from eight to thirty-five days, the patient becomes a decided convalescent."

He has used Sydenham's preparation with excellent results ; beginning with 6 drops, and going up to 30, and even to 80. Its extreme bitterness, and the consequent repugnance of patients, form the only objection to it. He seldom uses pills, on account of the difficulty and uncertainty of getting them into the stomach.

Preparations of morphine are invaluable in these cases, where it is necessary to keep the patient in ignorance of your object. The Doctor's method is to give it in a drink of wine and water, and to see, for himself, that it is taken.

M. Michéa's method of using opium differs from the above. Instead of a gradually increasing dose, and sudden arrest, he gave the drug with intervals of gradual decrease or total cessation, which intervals were indicated by certain symptoms, such as prolonged drowsiness, nausea, headache, vertigo, and obstinate constipation. This very method, says our author, was tried at Dijon, before the right system was discovered. When the symptoms above enumerated,—or any symptoms, excepting those of increased excitement,—result from the administration of opium, it is time to stop it, and nothing will be gained by resuming it after an interval.

Under the opium treatment the author estimates that three and a half out of five cases of acute mania were cured, if taken when the attack was recent. Of chronic mania, running back from one year to six years, the proportion was one and a half in ten.

Dr. L. du S. expresses, in conclusion, the hope that his former superior and collaborator, M. Dumesnil, to whose learning and skill he pays a lofty tribute, will yet give to the world the valuable results of his experience in regard to this very important subject.

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INCREASE OF ACCOMMODATION FOR LUNATICS IN ENGLAND.—To meet the continual increase in the number of insane in England, the existing public asylums have recently been enlarged to an additional capacity of 2,481 patients. Besides this, eight new asylums, in course of erection, will accommodate 2,336 patients ; at a cost for buildings of £52,677, and for land of £329,150.

INSANITY FROM SYPHILIS.—Although the influence of syphilis in producing mental disorder has been noticed by writers on the subject, it holds, as yet, no prominent place in works on psychology. The following observations of Doctors Esmarch and Jessen invite attention to this point. We translate from the review of German journals in the last (Jan.) number of the "*Annales Médico-Psychologiques*."

A., forty-one years old, is an advocate, and belongs to a family free from hereditary taint. Though his intellectual powers had acquired unusual development, his judgment was often defective. Great kindness and a vacillating will were the marked traits of his character. Possessing a very good constitution, he had frequently indulged in venereal excesses. Fourteen years ago he married, and has five healthy children. Previously to his marriage he had met with several *accidents primitifs*, which he had never divulged, and the previous existence of which was manifested only by syphilitic symptoms of the secondary sort. Soon after this his character seemed to change, he became less active and open than before, settling, gradually, into deep melancholy.

He was admitted to Hornheim in January, 1854. His maniacal delusions and functional disorder were immediately apparent. Still the most prominent symptom was a profound depression of spirits, which deprived him of all disposition to act. From this condition he passed slowly into a more active state. His apathy disappeared. In May he had reached a state of excitement which made it necessary to restrict his freedom. (Nitrate of soda, digitalis, and the shower-bath were used at this time.) Soon he became wakeful, incoherent in thought and action, and, at length, so violent that it was necessary to place him in a separate room. Just at this time a phlegmonous inflammation made its appearance on the fore part of his left leg, caused by his having come into rough contact with a tree-root. In due time it suppurated, and became a circular abscess, which soon assumed a syphilitic aspect. It was hard at the edge, and of an unhealthy hue within. In the neighborhood of the sore, the skin had an unnatural appearance, and new pustules soon after

appeared, and, like the first, proceeded to suppuration. Limited as the affection was, its nature could not be mistaken. Indeed, the confessions of the patient in regard to his early life left no doubt. From the 14th of July to the 31st of October, he was kept on soup and pulse. Warm embrocations were applied, and the bi-chloride was administered internally. When salivation appeared, the iodide of potassium was added. The treatment proved successful, the mental condition of the patient improving as the abscesses healed. He returned to his family, Jan. 14th 1855; and continued in a satisfactory condition during the remainder of the winter, and the following spring. Again however he became depressed, and this state, near the end of summer, was followed by an agitated and talkative mood, with strange, incoherent ideas. In consequence of some offensive conduct in the theatre, he was brought back to Hornheim, in December of the same year. His situation was in all respects the same as it had been during his period of excitement the year before. He had also a severe catarrh, occasioned by a cold which he had taken in the preceding September. A repetition of the former treatment has produced no improvement in the patient; for after the period of excitement passed off, it was followed by another of depression. The author thinks that the mental derangement in this case has become, in some sense, an expression of the constitutional syphilis, which mercury can no longer reach.

B., a man of thirty-six years, shows no hereditary tendency to disease. He is intelligent, with much strength of will; and is remarkable for his high sense of personal importance. After much hesitation in regard to a pursuit, he engaged in manufacturing. In the revolutionary crisis of 1848, he was so fortunate as to withdraw from the business—retiring, two years afterward, to live on his income. In 1846, he began to publish pamphlets, in which amidst mysterious thoughts borrowed from the Apocalypse, he inserted remarks on squaring the circle, on perpetual motion, on the organization of society, and the principles of economy.

At a period which he could not exactly fix, he had contracted syphilitic disease, and had not been properly treated for it. Toward



the close of 1849, he began to be troubled with secondary syphilitic eruption, (exanthema) together with enlargement of the testicles. These symptoms disappeared under treatment, but were followed about a year later, by inflammation of the schneiderian membrane and of the periosteum of the nasal bone, together with caries in the upper jaw. The progress of the mischief was, for a time, arrested by the use of iodide of potassium and of sarsaparilla. In 1853, he was sent to M. Ricord, who removed a splinter from the decayed bone, and continued the iodide of potassium. He returned to his home in the country, apparently cured. His strange notions as an author, it should here be mentioned, had not ceased to show themselves during his sojourn in Paris. He was constantly looking forward to the time, when his pamphlets would astonish and reform the world.

He came again to Paris in February, 1854, evidently in a state of unnatural excitement. He went, soon after, to London, where the evidence of his mental derangement was unequivocal. His hallucinations increased, until he fancied himself attended by such persons as Palmerston and Macaulay. On the 26th of April, he was brought to Hornheim. There was then no appearance of bodily disorder,—the syphilitic affection seemed to have been wholly removed—but the mental disorder was very great. His thoughts were incoherent; his own importance being the predominant idea. He had various illusions; thought himself a persecuted man, and could not understand his residence in the asylum. His enemies, he said, were trying to impede his mission, to delay his marriage, and thus prevent the birth of a son who was to be the Saviour of mankind. From the first, a slight degree of divergent strabismus was noticed in the left eye, while the pupils were dilated. These peculiarities and some other symptoms indicated a pathological condition, of syphilitic origin. On the first appearance of general paralysis, tartrate of antimony was given,—with shower-baths, indicated by heat and pressure, which he complained of in his head. To this subsequently was added the iodide of potassium. The disease, notwithstanding, continued to advance. The unnatural excitement above mentioned, was succeeded by hypochondriac depression; a result, which, from

the first, his imaginary persecutions, led us to fear. For the time, a palliative treatment only was attempted.

In 1855, the progress of his malady became more rapid. In February, he was troubled with deafness, vertigo, gastric derangement, and constipation, which resisted all treatment. Paralysis became more and more diffused until the 7th of March, when the patient died.

Among the changes noticed in the autopsy, our authors mention, especially, atrophy of the motor nerve of the eye, and a softening caused by obstruction in the deep artery of the brain.

Finally, they ask whether, in consideration of the constantly increasing number of paralytic patients, we are not to infer the active agency of syphilitic poison. A few observations can not settle a question so important. That it merits careful examination is beyond all doubt.

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NOTICE OF DR. JACOBI.—A biographical notice of the celebrated German alienist, Dr. Jacobi, is translated from the *Cologne Gazette*, by Dr. Focke, for the last number of the *Journal of Mental Science*. We condense the following particulars of his life.

Karl Wigand Maximilian Jacobi, the founder, and for many years Superior of the Lunatic Hospital at Siegburg, was the youngest son of the philosopher Friedrich Heinrich Jacobi, and was born at Düsseldorf, on the 10th of April, 1775.

He received an excellent education at Düsseldorf, and in 1793 commenced the study of medicine in the University at Jena. His studies were completed at Göttingen and Edinburgh, and he graduated at the University of Erfurt, on the 21st of Feb., 1797. During twenty-three years following, he was at different times successively in the general practice of his profession; as an assistant in one of the hospitals of London; in the civil service of Bavaria; as Chief Physician and Director of the Hospital of St. John, at Salzburg; and in the Prussian civil service. Feeling, however, the con-

viction of his unfitness for the calling of a practising physician constantly increasing upon him, in 1820 he was, at his own request, entrusted with the arrangement and conduct of the lunatic hospital, then in contemplation for the Rhine province, and afterwards located at Siegburg.

The Hospital for the Insane, at Siegburg, was opened on the 1st of January, 1825, its Director then being in his fiftieth year. It is remarkable that a man of his ambition and talents should have lived to such an age before finding congenial occupation, and still more so that after all there should be in store for him a career of thirty-three years of successful action, productive of the most important results. The institution, into which a great many incurables were at first admitted, was converted by degrees to its intended purpose. The science brought to bear on the practical working of the establishment, and the constant efforts to improve the system of treatment, soon attracted attention—particularly that of the younger members of the profession—to Jacobi, and to Siegburg. The English and French had previously led in the reform in the construction of asylums, and treatment of the insane. Dr. Jacobi, however, soon mastered the subject, and published, in 1834, the work by which he is best known in this country, "*On the Construction and Management of Lunatic Hospitals.*" He also wrote numerous essays in medical psychology, and upon various mental diseases. Theoretically he was an extreme somatist, but in treatment he gave more scope to psychical impulses, and used them more than many psychiatrists. By the force of his pure and noble character he gained for German Asylums a principle, the adoption of which is now general in all countries, that in the organization of a lunatic asylum the chief power must rest with the physician.

Jacobi was of tall, powerful stature. He had a handsome capacious head, which he inclined towards his breast in a listening attitude when, with knees across and folded hands, he engaged in conversation. When he raised his head, and fixed his eye upon the speaker, his glance bespoke benevolence, enthusiasm, and humility. His eye was remarkably fine, and although almost blind, retained

sufficient power of vision to enable the old man to continue his visits to the institution in his daily walks—even up to the last years of his life. He was a stout pedestrian, and particularly fond of solitary recreation in the open air. His mode of life was very regular; he retired to rest, and though often deprived of sleep by the torments of hemicrania and rheumatism, might always be found betimes in the morning, studying and at work. Nothing but severe illness could interrupt his usual course of life, confine him to his bed, or prevent his frequent daily visits to his patients. Even the day after his wife's death, in 1856, bowed down as he was, he made his appearance at the usual hour in the institution.

Like his father he had been much afflicted in his younger days with hemicrania and disease of the eyes; and as he was becoming quite blind, and was obliged to have recourse to a reader and dictation, death was hailed almost as a welcome deliverer. On Ascension Day he was attacked by erysipelas of the face; extreme debility followed, and after lingering a few days he died on the 18th May, of the present year, surrounded by his family, who followed him to his last resting-place; accompanied by that still larger family, the inmates of the institution, for whom he had lived; by friends who came from far and near, and by such a train of mourners from the little town of Siegburg as had never been seen there within the memory of living man. He attained the good old age of eighty-three, and lived to see his grandchildren and great grandchildren.

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ABSTRACT OF A PAPER BY DR. ARLIDGE, ON HALLUCINATIONS IN INSANITY.—Having made some preliminary remarks upon the opinions that have been held with regard to the degree of credibility allowed to the external senses, the author called attention to the error any one of them is prone to, even in a state of health, without the combined actions of several others, and corrected by certain intellectual operations. He then defined an hallucination to be the realization of objects by the mind, which do not exist, or are not presented to it through the exercise of the senses. Those under hallucinations, are, therefore, dreamers with their eyes open; they conjure up aerial forms from impressions derived originally from the ex-

ternal senses, and stored up in the memory. In the development of illusions, on the contrary, the external senses are concerned. There is some real object or sensation present to the mind ; but the mind mistakes ; clothes it in colors it does not possess ; attributes to it fantastic, erroneous qualities, or properties it is destitute of ; or, if the immediate impression be correct, the disordered intellectual faculty makes wrong deductions as to its nature and relations. The author, however, explained that the possession of either of these forms of delusion did not necessarily imply a state of insanity ; for most people were occasionally their victims, but set themselves right by certain intellectual operations. Hallucinations he then stated to be a common result of various diseases ; but illusions were more frequently the phenomena of the insane state. Of the latter, he remarked upon the milder degrees, which, being within the control of the reasoning faculties, were not incompatible with a sane state, and upon those persistent forms which exhibit such an obliquity of reasoning as to render the subjects of them unsafe members of society. Dr. Arlidge then observed that hallucination, being a frequent result of bodily disease, as before stated, was almost akin with delirium ; although in the latter state no phantasms may be present to the mind, yet, in the majority of instances, there evidently were ideal objects flitting before it. But, on the other hand, there may be hallucination without delirium, which, being confined to one set of subjects, forms the condition of monomania. He then enumerated the various conditions in which delirium may be accompanied by hallucinations as a consequence of surgical injuries from the introduction of some poisonous material into the blood, whether from without, or generated within the body. In fever, rheumatism, gout, and erysipelas, are found instances of the last-mentioned cause of delirium with hallucinations. Of the former cause of the same condition, the author more particularly called attention to the marked influence of alcoholic and chemically allied fluids ; that they produced a more pure delirium, and least connected with other morbid changes. He dwelt upon the phenomena of delirium tremens, the hallucinations attendant upon it driving the patient to attempts at self-destruction, and their termination in a state of lunacy, sometimes of a melancholic and sometimes of an opposite variety. Dr. Arlidge then referred to cases of simple hallucination, and showed that their various forms had often no connection with the causes which produced them, and he gave at the same time many examples. He then drew a sketch of hallucination as it takes a gradual possession of the mind, to its persistence in the form of monomania. Hallucination was, nevertheless, not incompatible with sanity, as the intellectual powers might be sufficiently vigorous to render the delusion inoperative upon the volition and conduct. Many illustrations of this point were given, and that of Nicolai, a member of the Berlin



Academy, who wrote his own account of his affection, was quoted at length. The frequent association of illusion with hallucination was then mentioned, also the divisibility of the two forms of delusion, the utility of which had been doubted. Further observations being made with respect to the nature of illusion, examples of it and hallucination, illustrating their peculiarities, being given, the author ended by saying :—"I have hinted at the thinness of the partition between sanity and insanity in many points. We are all prone to hallucinations and to illusions ; in the former case by any overstretching of the imagination ; in the latter by the imperfection of our senses. It behooves us, therefore, to cultivate and strengthen the intellectual part of our nature, which is the bulwark against the inroads of our fancy and feelings. It is in this way that man is endowed with power to ward off insanity, and surely nothing can afford a stronger inducement to exercise that power than the considerations of the value of a sound mind, and of the unparalleled misery of the wreck of that noble part of our nature—of that essence wherein man bears the image of his Maker."—*London Lancet*.

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INEBRIATE ASYLUM IN TENNESSEE.—On the 16th December last, a meeting was held in Knoxville, Tennessee, to adopt measures to establish an "Asylum for Inebriates," in that place, after the plan of that at Binghamton. Rev. Thomas W. Hermes presided, and Dr. R. O. Currey acted as Secretary. Various speeches were made, and at the close it was resolved that the chairman of the meeting, with two others whom he might appoint, constitute a committee to prepare an address to the citizens of Tennessee on this subject ; and further, that Jas. H. Cowan, Dr. C. W. Crozier and W. H. Kennedy, be appointed a committee to make arrangements for another meeting, and to give due notice thereof.—*Nashville (Tenn.) Jour. of Med. and Surgery*.

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N. Y. ASYLUM FOR CRIMINAL INSANE.—This Asylum, recently erected at Auburn, was opened in February last, and has received thirty-two patients. About twenty more are soon to be sent there by the authorities. Its capacity is at present for sixty-four patients, and it will probably soon be filled. Dr. Edward Hall is the superintendent and physician.

CANADA ASYLUM FOR THE CRIMINAL INSANE.—An Asylum to provide for two hundred and fifty patients, of the convict, criminal, and dangerous insane, is to be built at Kingston, C. W., on a fine plateau of land, overlooking the waters of the St. Lawrence, and an extensive prospect. This plan, to separate from the non-criminal insane, and to associate with insane convicts the dangerous and depraved classes of lunatics, is eminently wise and just.

Dr. Litchfield, the Superintendent, at present provides for about seventy patients in a temporary building; but the necessity for further provision for these classes has become so urgent that the projected edifice can not be much longer delayed.

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STATISTICS OF INSANITY IN GREAT BRITAIN.—From the Notices of Lunatic Asylum Reports, and the Reports of Commissioners in Lunacy, in the last (Jan.) number of the *Journal of Mental Science*, we gather that, in the year 1857, there were in England 23,800 insane; of whom 19,062 were supported at public, and 4,738 at private expense. In Scotland 7,403 insane; of whom 4,671 were public, and 2,732 private. In Ireland, 9,286 insane; of whom 3,352 are entirely without provision for the necessary care and treatment.

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A DOCTOR KILLED BY A LUNATIC PATIENT.—A dreadful accident has just produced a most painful sensation at Mons, in Belgium. A medical man named Huart, who was accustomed to receive boarders in a maison de santé, had under his care a male patient afflicted with religious madness. As the man, however, was inoffensive in his manners, he was allowed a certain amount of freedom within the premises. Some days back, eluding the vigilance of his keepers, he contrived to get possession of a knife, and neither remonstrances nor entreaties could induce him to give it up. M. Huart, being informed of the circumstances, went to the patient, and in an authoritative tone insisted on his laying down the weapon. The other positively refused, and on M. Huart approaching to seize it, the madman suddenly rushed on him, and before any of the servants could interfere, stabbed M. Huart several times with tremendous force. One of the wounds proved mortal, and a few days ago the unfortunate gentleman expired.—*London Lancet*.

MICHIGAN STATE ASYLUM FOR THE INSANE.—This noble institution, located at Kalamazoo, and of which Dr. E. H. Van Deusen is medical superintendent, is about commencing operations under the most favorable auspices. The greater portion of one wing of the edifice is about being opened for the reception of ninety female patients; and the entire building, to provide for three hundred patients, is steadily advancing toward completion, under the liberal policy of the State, which has recently appropriated \$100,000 to this purpose.

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FOURTEENTH ANNUAL MEETING OF ASSOCIATION.—The Association of Medical Superintendents of American Institutions for the Insane, will meet at the Phoenix Hotel, in the city of Lexington, Kentucky, on Tuesday, May 17, 1859, at 10, A. M.

JOHN CURWEN, M. D., *Secretary.*

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OBITUARY.—Dr. Nehemiah Cutter, died at Pepperell, Mass., on the 15th of March ult. Dr. Cutter was a native of New Hampshire, and a graduate of Dartmouth College. His name has for more than forty years been known in connection with the Private Asylum for Nervous Invalids, established by him at Pepperell, and he has been a member of the Association of Medical Superintendents of Asylums since its organization. Though arrived at an advanced age, he was still actively engaged in his profession.

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NOTICE TO SUBSCRIBERS.—It will be seen that the volume of the JOURNAL, which closes with this number, exceeds by fifty pages the size promised in its prospectus. To give the amount and variety of matter which our field presents, and which the readers of the JOURNAL demand, this size must still be enlarged, for the coming year. This enlargement will render necessary a small increase in its terms. Each number, therefore, of the sixteenth volume, will contain an average of one hundred and twenty pages, and the subscription price will be charged at the rate of three dollars per year.

## BOOKS AND PERIODICALS.

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Since our last issue the following publications have been received.

Contributions to Operative Surgery, and Surgical Pathology. By J. M. Carnochan, Professor of Surgery in the New York Medical College, Surgeon-in-Chief to the State Emigrants' Hospital, etc. With illustrations drawn from Nature. Philadelphia: Lindsay & Blakiston. 1858. From the Publishers.

The Medical Jurisprudence of Insanity. By C. B. Coventry, M. D. Reprinted from the Transactions of the American Medical Association, Vol. XI. Philadelphia: Collins, Printer, 1858.

Moral Insanity in its Relations to Medical Jurisprudence. By D. M. Reese, M. D. Reprinted from the Transactions of the American Medical Association, Vol. XI. Philadelphia: Collins, Printer, 1858.

Valedictory Address to the Graduating Class of the Philadelphia College of Medicine, at the Annual Commencement, March 2, 1859. By J. Aitken Meigs, M. D.

A Catalogue of the Officers and Students of the State University of Michigan. Ann Arbor, 1859.

Third Annual Report of the Trustees of the State Industrial School for Girls, at Lancaster, Mass., together with the Annual Reports of the Officers of the Institution. Boston, 1858.

Twentieth Annual Report of the Board of Trustees and Officers of the Central Ohio Lunatic Asylum, to the Governor of the State of Ohio, for the year 1858. Columbus, 1859.

Report of the state of the New York Hospital and Bloomingdale Asylum, for the year 1858. New York, 1859.

Report of the Board of Trustees of the Massachusetts General Hospital, for the year 1858. Philadelphia, 1859.

Report of the Pennsylvania Hospital for the Insane, for the year 1858. Philadelphia, 1859.

Third Annual Report of the Trustees of the State Lunatic Hospital, at Northampton, Mass. October 1858. Boston, 1859.

Twenty-sixth Annual Report of the Trustees of the State Lunatic Hospital, at Worcester, Mass. October, 1858. Boston, 1859.

Annual Reports of the officers of the New Jersey State Lunatic Asylum at Trenton, for the year 1858. Trenton, 1859.

Fourth Annual Report of the Board of Trustees and Officers of the Northern Ohio Lunatic Asylum, to the Governor of the State of Ohio: for the year 1858. Columbus, 1859.

Report of the Board of Visitors of the Government Hospital for the Insane, for the year ending June 30, 1858. Washington, D. C.

By-Laws of the Western Lunatic Asylum, Virginia.

Second Annual Report of the state of the United Lunatic Asylum, for the County and Borough of Nottingham; and the Forty-seventh of the Original Institution. Year 1857. Nottingham, 1858.

## MEDICAL EXCHANGES.

- Annales Médico-Psychologiques. Paris.  
 Revue Etrangère Médico-Chirurgicale. Paris.  
 Bulletin de L'Académie Impériale de Médecine. Paris.  
 Archives des Sciences Physiques et Naturelles. Geneva.  
 Journal de Médecine et de Chirurgie Pratiques. Paris.  
 Revue de Thérapeutique Médico-Chirurgicale. Paris.  
 Gazette Médicale de Paris. Paris.  
 The Journal of Mental Science. London.  
 Dublin Medical Press. Dublin.  
 Dublin Quarterly Journal of Medical Science. Dublin.  
 British and Foreign Medico-Chirurgical Review. London.  
 London Lancet. American reprint.  
 New Hampshire Journal of Medicine. Manchester, N. H.  
 New York Journal of Medicine. New York.  
 American Medical Monthly. New York. (No. 2, Vol. x., not received.)  
 American Medical Gazette. New York. (Nos. 3, 5, 8, 9, Vol. xx., not rec'd.)  
 The Scalpel. New York.  
 Buffalo Medical Journal. Buffalo, N. Y.  
 North American Medico-Chirurgical Review. Philadelphia.  
 Medical and Surgical Reporter. "  
 American Journal of Medical Sciences. "  
 Rankings' Half-Yearly Abstract. "  
 American Journal of Pharmacy. "  
 Journal of the Franklin Institute. "  
 Journal of Prison Discipline and Philanthropy. "  
 The Medical News and Library. "  
 Virginia Medical Journal. Richmond, Va.  
 Charleston Medical Journal and Review. Charleston, S. C.  
 Southern Medical and Surgical Journal. Augusta, Ga.  
 Atlanta Medical and Surgical Journal. Atlanta, Ga. (No. 1, Vol. III., not received.)  
 New Orleans Medical and Surgical Journal. New Orleans.  
 Pacific Medical and Surgical Journal, San Francisco, Cal.  
 St. Louis Medical and Surgical Journal. (No. 3, Vol. xvi., not received.)  
 Iowa Medical Journal. Keokuk, Iowa. (Nos. 1 and 5, Vol. IV., not rec'd.)  
 Cincinnati Lancet and Observer. Cincinnati, Ohio.  
 Nashville Journal of Medicine and Surgery. Nashville, Tenn.  
 Chicago Medical Journal. Chicago, Ill.  
 Peninsular and Independent Medical Journal. Detroit, Mich.  
 Medical Chronicle. Montreal, Canada.  
 American Journal of Dental Science. Phil'a. (No. 1, Vol. VIII., not rec'd.)  
 Dental News Letter. Philadelphia. (No. 1, Vol. XI., not received.)  
 Oglethorpe Medical and Surgical Journal. Savannah, Ga.  
 Maine Medical and Surgical Reporter. Portland, Me. (No. 2, Vol. I., not received.)  
 American Veterinary Journal. Boston, Mass.  
 Quarterly Summary of the Transactions of the College of Physicians of Philadelphia.  
 Nashville Monthly Record of Medical and Physical Science. Nashville, Tenn.  
 The Medical Journal of North Carolina. (No. 1, not received.)  
 The Saint Joseph Journal of Medicine and Surgery. Saint Joseph, Mo.  
 The American Law Register. Philadelphia.  
 The Western Law Monthly. Cleveland, O.  
 The American Journal of Education. Hartford, Conn.



